An Evaluation of satisfaction level of the trainers attending training programs of Primary and Community Health Centers in India (Cachar district of Assam) from 2003 -2010

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Abstract

Training and training evaluation are closely related to business, economics and finance because it is directly proportional and can lead to cost effectiveness. This study attempts to evaluate training programs of medical staff in Government local health care centers in Assam, India by collecting perceptions of 32 trainers about their satisfaction levels with regard to certain factors and sub factors developed ingeniously. A 4 point scale technique was used and the analysis was done using simple statistics, i.e weighted average score to find out the standard for either satisfaction or dissatisfaction. Further, analysis was also carried out using the responses with regard to ranking to the sub factors given by the respondents. Finally, those sub factors were recommended with which the trainers were not satisfied and which had a high relative worth. In the findings, it was found out that Accommodation and Duration of training programs were the two sub factors which, if the organizers give more priority, then maybe the training programs would be successful and the society in general and government would benefit for the amount of money spent of the training. This study, despite its considerable limitations, and despite not using conventional training evaluation methods, proves simple statistics can go a long way in simple and objective evaluation, in the face of considerable constraints.

Keywords: Training, Training evaluation, weighted average score, relative worth
1. Introduction

The health status of India’s rural population is a cause of concern, especially when the availability of qualified medical care is negligible and spending on health in urban hospitals is beyond the reach of the rural poor. The life expectancy of the India’s rural population is 63 yrs.; infant mortality rate (80/1000 live births) and maternal mortality rate (438/100000 live births). However over a period of time, some progress has to be made.

To improve the prevailing situation, the problem of rural health is tried to be addressed at macro (national and state) and micro (district and regional) levels. Health care in rural India is generally provided by Primary Health Centers and Community Health Centers. The main role of these centers is to provide cost effective and quality healthcare to the rural population of the country. But still a lot of progress has to be made if we evaluate our performance on the front of healthcare, especially in relation to rural India, largely through parameters set by the World Health Organization. In this connection the reasons are many for lagging behind, like lack of funds, lack of infrastructure, lack of skilled man power, lack of political motivation and lack of awareness among the people in general.

One of the important reasons behind this bleak scenario has been the lack of skilled manpower. The solution obviously lies in inducting only those who possess the requisite skills and developing the skills of those already working, by further training them to meet the desired goals. Training the public health workers is also one of the high priorities for improving the health care system.

In a training program the effective transfer of training to the public health workers depend a lot on the trainer because it is the trainer only who can remove the mental block of the trainees, motivate the trainees to learn, delete the negative perception of the trainees regarding the training.

1.1 Objective of the Study

To evaluate the satisfaction level of the trainers attending training programs imparted under the various Health Programs in Primary and Community Health Centers of Cachar District of Assam from 2003 – 2010 in India.

2. Review of literature

Relevant published materials on an evaluation of the satisfaction level of the trainers attending training programs of Primary and Community Health Centres are scarcely available. However some related studies are available, which were helpful in understanding the intricacies of evaluation of satisfaction level for medical staff.

Dinesh Kumar et al (2009), concluded that interrupted training programs with a break in between was more effective than a continuous training program of long duration.
T. Montaser (2013), recommended that the training and mentoring go hand in hand and trainees should take part in the continuous evaluation process.

N.Baral et al (2007), concluded that the teaching-learning methods, media, microteaching and evaluation techniques were useful in teaching-learning.

Budosan et al (2009) confirmed the hypothesis that longer mental health training of PHC workers spread out over time and combined with supervision would result in change of their clinical practices.

3. Research Methodology

In order to attain the objective of the study i.e., to evaluate the satisfaction level of the trainers attending training programs imparted under the various Health Programs in Primary and Community Health centers of Cachar District of Assam from 2003 – 2010 in India, was measured on identified components (factors) and sub-components but also their perception was noted down over the relative worth of the sub-components under each component (factor). In other words they were asked to share their perception over the rank or the degree of importance of various sub-components headed by every component (factor). It was done so keeping in mind that mere noting down the degree of satisfaction of the respondents over various components and sub-components may not help the policy makers and the organizers unless they know the degree of importance of a particular sub-component perceived by the sample respondents.

The important and relevant components (each of which contain the important sub components), which may also be called as influencing factors or reasons included in the questionnaire meant for eliciting the views of the trainers to measure their degree of satisfaction/dissatisfaction over the performance of these components in order to measure their satisfaction level are as follows:

1. Facilities at the place of stay
2. Design of training programs

The sub-components that were included under various components (factors) are as follows:

1. Facilities at the place of stay
   a) Accommodation (Quality, water and electrical supply, cleanliness)
   b) Food (Quality, variety, timings, matching with taste)
   c) Transportation (Timely availability of proper vehicle)
2. Design of the training program
   a) Duration (whether appropriate)
   b) Time management (Breaks, punctuality, Time allotted for teaching)
   c) Pedagogy used (Appropriate resources given or not)
d) Interactive session with the trainees (Quality, quantity)

A four point scale technique [Fully Satisfied (4), Largely Satisfied (3), Poorly Satisfied (2), and Not Satisfied (1)] was adopted for measuring the satisfaction level which is also known as the rating scale.

The population for the category of trainers for the present study \(N_2\) comprises of all those senior personnel who were considered as competent for training the trainees. These trainers were largely from District Civil hospital and Silchar Medical College of Assam. The number of all such trainers was 92.

As for the size of the sample for the category of trainers is concerned, initially it was decided to interview almost half of them out of 92. However, only in course of time it could be realized that the survey at such a larger level is neither necessary nor possible, especially for this kind of a class which is not available on account of their busyness, often out of station and even when available not being able to spare time for the purpose or not in mood. Finally during the period of data collection could interact with 32 trainers only.

For the analysis of the data, weighted average scores from all the subcomponents have been taken out to find a standard, through which satisfaction level of the trainers are measured. A four point scale technique which is also called as rating scale (Fully Satisfied, Largely Satisfied, Poorly Satisfied and Not Satisfied) was developed for measuring the satisfaction level of trainers but since it was a four point scale a standard could not be identified to measure the efficacy level of the training programs. Hence the mean of the weighted average scores of all the subcomponents of a main component was taken, which acted as the standard and the observations above the standard were taken as satisfied and those below the standard were taken as dissatisfied. In order to calculate the weighted average score, the total number of respondents which were fully satisfied (4) were taken and multiplied by the number of frequency (n) i.e., n*4. The same is applicable to the other three satisfaction levels i.e., largely satisfied (3), poorly satisfied (2) and not satisfied (1). The values thus obtained are then divided by total number of respondents of all the subcomponents. Finally weighted average scores for all the subcomponents were taken out and by calculating the average of the weighted average scores a mean was obtained which represents the standard to measure the satisfaction level of the trainers.

Observations are presented and described in a tabular format for easy understanding. Findings were verified and checked and recommendations prepared based on the findings.

3.1 Data Analysis

Table 1
Table depicting the overall responses of the trainers having attended the training programs with respect to facilities at the place of stay provided in the training program

<table>
<thead>
<tr>
<th>Sub components</th>
<th>Fully Satisfied</th>
<th>Largely Satisfied</th>
<th>Poorly Satisfied</th>
<th>Not Satisfied</th>
<th>Weighted Average Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accommodation</td>
<td>11</td>
<td>13</td>
<td>3</td>
<td>5</td>
<td>2.94</td>
</tr>
<tr>
<td>Food</td>
<td>10</td>
<td>17</td>
<td>4</td>
<td>1</td>
<td>3.12</td>
</tr>
<tr>
<td>Transportation</td>
<td>6</td>
<td>12</td>
<td>5</td>
<td>9</td>
<td>2.19</td>
</tr>
<tr>
<td>Mean</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2.75</td>
</tr>
</tbody>
</table>

Source: Field Survey

Table 1 depicts that the weighted average score of the subcomponent transportation (2.19) lies below the standard (2.75) which signifies that the trainers were not satisfied with the transportation that were provided during the training programs.

Table 2

Table depicting the relative worth of the subcomponents in the opinion of the trainers having attended training programs with respect to the main component Facilities at the place of stay provided in the training program

<table>
<thead>
<tr>
<th>Sub Components</th>
<th>Weighted Average Score</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accommodation</td>
<td>2.37</td>
<td>1</td>
</tr>
<tr>
<td>Food</td>
<td>2.28</td>
<td>2</td>
</tr>
<tr>
<td>Transportation</td>
<td>1.31</td>
<td>3</td>
</tr>
</tbody>
</table>

Source: Field Survey

From the above table it can be derived that the sub component Accommodation has been considered the most important as it has been ranked first by the respondents out of the three subcomponents.

Table 3

Table depicting the overall responses of the trainers having attended the training programs with respect to design of the training programs

<table>
<thead>
<tr>
<th>Sub components</th>
<th>Fully Satisfied</th>
<th>Largely Satisfied</th>
<th>Poorly Satisfied</th>
<th>Not Satisfied</th>
<th>Weighted Average Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duration of the program</td>
<td>12</td>
<td>19</td>
<td>1</td>
<td>0</td>
<td>3.34</td>
</tr>
<tr>
<td>Time management</td>
<td>9</td>
<td>23</td>
<td>0</td>
<td>0</td>
<td>3.28</td>
</tr>
<tr>
<td>Pedagogy Used</td>
<td>10</td>
<td>14</td>
<td>5</td>
<td>3</td>
<td>2.97</td>
</tr>
<tr>
<td>Interactive sessions of the trainees</td>
<td>15</td>
<td>15</td>
<td>2</td>
<td>0</td>
<td>3.41</td>
</tr>
<tr>
<td>Mean</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3.25</td>
</tr>
</tbody>
</table>

Source: Field Survey

The table above depicts that the weighted average score of the subcomponent Pedagogy Used (2.97) lies below the standard (3.25). Hence it is derived that the trainers were not satisfied by the pedagogy used during the training sessions.

Table 4

Table depicting the relative worth of the subcomponents in the opinion of the trainers having attended training programs with respect to the main component Design of the training programs.
<table>
<thead>
<tr>
<th>Sub Components</th>
<th>Weighted Average Score</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duration of the training program</td>
<td>3.41</td>
<td>1</td>
</tr>
<tr>
<td>Time Management</td>
<td>2.59</td>
<td>2</td>
</tr>
<tr>
<td>Pedagogy Used</td>
<td>1.93</td>
<td>4</td>
</tr>
<tr>
<td>Interactive Sessions</td>
<td>2.03</td>
<td>3</td>
</tr>
</tbody>
</table>

Source: Field Survey

From the above table it can be derived that the sub component Duration of the training programs has been considered the most important as it has been ranked first by the respondents out of the three subcomponents.

3.2 Findings

In order to attain the objectives of the study selected respondents were interviewed through separately structured questionnaires which were meant for the trainers. A detailed analysis and interpretation of their responses along with the findings over these has been presented above. The brief findings are as follows

Findings in relation to the level of satisfaction and also the relative worth on the basis of the analysis of the overall responses of the trainer’s:

Level of satisfaction

As for the performance of the components under the main component (factor) Facilities at the place of stay is concerned, the respondents were satisfied with the performance of the subcomponents Accommodation (Quality, variety, timings, matching with taste) and Food (Quality, water and electricity supply & Cleanliness, etc.) and hence it is accepted that the training programs are found to be efficacious on the counts of these two subcomponents. On the other hand the training programs based on the sub component Transportation (Timely availability of proper vehicle) is found to be less efficacious, as the respondents expressed their satisfaction over the performance of this subcomponent.

Relative worth

Under the main component Facilities at the place of stay the sub-component Accommodation (Quality, variety, timings, matching with taste) has been considered the most important as it has been ranked first by the respondents. The sub-component Transportation (Timely availability of proper vehicle) has been ranked third by the respondents thus heralding to be the least important sub component.

Level of satisfaction

On the count of the main component Design of the training programs, the subcomponents Interactive sessions of the Trainees (quality, quantity etc.), Duration of the program (appropriate), and Time management (breaks, punctuality etc.) have helped the training programs to be credited as efficacious whereas the training programs based on the subcomponent i.e., Pedagogy used (appropriate resources given) somehow discredited the training programs, thus turning these to be less efficacious.
Relative worth

Under the component **Design of the training programs** the subcomponent **Duration of the program** (appropriate) has been ranked first signifying it to be the most important. The subcomponent **Pedagogy used** (appropriate resources given) has been ranked fourth by the respondents as it has been considered to be least important.

4. Conclusion

A Trainer plays a prime role in a training program. Therefore the satisfaction level should always be taken into account whenever a training program is conducted. In the above study we have derived that the trainers attending the training programs which are conducted in Primary and Secondary Health Centres in rural areas of Cachar District of Assam in India were poorly satisfied with transportation that were provided and also the pedagogy used in those training programs. Even though these subcomponents were not highly important for the trainers emphasis if made to improve those sub factors can result a better training program in future which will help to uplift the health scenario of rural areas of India. However, even more importantly, the sub factors Accommodation and Duration, need to be given more priority to motivate the trainers and thus, make the training program successful.

This study, despite its considerable limitations, and despite not using conventional training evaluation methods, proves simple statistics can go a long way in simple and objective evaluation, in the face of considerable constraints.

References


