RESEARCH ARTICLE:

Training as a Tool for Service Delivery: A Case Study of Health Care Workers in Gwanda, Zimbabwe

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Abstract

The healthcare sector across most global south countries is challenged by various issues and this includes poor service delivery. The delivery of quality service within healthcare institutions is complicated by unprecedented emigration of healthcare workers to the global north. The other challenges include, poor funding and infrastructure, limited medical resources, equipment, and shortage of health care experts. As such this study examines how on and off the job training of healthcare workers impact service delivery. Adopting a quantitative paradigm, the paper identifies the training provided to healthcare workers and examines the effectiveness of the training for effective service delivery. A closed-ended structured questionnaire was used to elicit responses from 80 healthcare workers at Manama Mission Hospital in Gwanda, Zimbabwe. Findings revealed that practical hands-on experience (on-the-job training) supported with effective supervision and guidance from more experienced health workers aids effective service delivery. Training targeted at effective service delivery, constant assessment, and provision of constructive feedback from senior staff members are crucial measures for an effective healthcare system. Beyond constant training, measures must be put in place to ensure the retainment of healthcare experts within the country as an overstretched healthcare system will continue to battle with ineffective service delivery. This study adds to the body of knowledge related to employee training of healthcare workers within Zimbabwe.

Keywords: *service delivery; training; healthcare; healthcare professionals*

Introduction

Healthcare institutions across global south countries are burdened by depleting resources characterized by poor funding, lack of basic and essential equipment and shortage of skilled medical personnel among several others. This has not just made the healthcare system deplorable, the spiral effects impact health index, life expectancy, infant and maternal mortality and the overall management of illness and diseases (Madyira *et al.*, 2021). At the face of declining health infrastructure, the need to increase effectiveness and efficiency has never been greater. According to World Health Organisation (WHO 2021), for healthcare service delivery to be effective it means services should be timely, equitable and integrated. Timely service delivery includes reducing patient waiting times and harmful delays. Equitable service delivery involves delivering services without variations in terms of socio-economic status, gender, geographical location, or ethnicity. Finally, integrated service delivery entails providing care that makes available the full range of health services throughout the life course (WHO, 2021). Furthermore, Mosadeghrad (2014) defines healthcare service quality as, "consistently delighting the patient by providing efficacious, effective, and efficient healthcare services according to the latest clinical guidelines and standards, which meet the patients' needs and satisfies providers". Maphumulo and Bhengu (2019) reveal that the efficiency and effectiveness of service delivery is the primary

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custodian of healthcare professionals. Thus, it is imperative for training to be provided constantly and thoroughly in healthcare institutions.

This study is aimed at examining training as a tool for service delivery at a Gwanda Hospital in Zimbabwe. It is imperative to note that the healthcare sector in Zimbabwe is facing numerous challenges which in turn impacts on service delivery. Healthcare professionals are emigrating, government corruption leads to shortage of equipment which hampers the delivery of services (Ngcobo, 2019). Due to the looming disservice to the public, initiatives need to be considered to ensure that current healthcare professions are equipped with the necessary skills in order to perform efficiently. Thus, the study will highlight training implemented by the hospital paying attention to on the job and off the job training offered by the selected mission hospital to ascertain their effectiveness in ensuring that service delivery is improved. This study is significant as it addresses training required by healthcare professionals in ensuring that service delivery is improved. Thus, two hypotheses were formulated to ascertain the relationships between on-the-job and off-the-job training with service delivery.

In the healthcare sector, employees form a crucial part in enhancing service delivery thus they should be appreciated, supported, and retained (Cometto *et al.*, 2020). Mousa and Othman (2020) also confirm that the most advanced technology in healthcare will not be fully utilized in the absence of human capital. Consequently, it is imperative for organisations to invest time and resources in employee training to ensure that performance is enhanced. The healthcare sector is constantly revolving due to globalization and technological advancement; thus, training is required to keep abreast with the changes. Ertan and Şeşen (2019) posit that employee training is a collaborative initiative as both the employee and employer can acquire knowledge and skills for efficiency. Healthcare professional need to keep abreast with the current trends of the sector to remain competitive and improve service delivery. According to Atte (2021), healthcare is a fast-paced industry that requires comprehensive continuous training programs. Thus, lack of training in the sector leads to an unsafe working environment, unhappy employees, increased business expenses and low patient satisfaction.

EL-Hajjar and Alkhanaizi (2018) note that employee training is divided into two categories namely on the job and off-the job training. The authors further confirm that employees who embark on on-the-job training are believed to be better performers compared to their counterparts who undergo off-the job training. Barteit *et al.* (2019) indicate that this is attributed to vast job experience acquired through doing the actual job, thus increasing both knowledge and skills. Furthermore, Bvumbwe and Mtshali (2018) posit that highly motivated and well-trained employees work well under less supervision due to confidence and skills they possess thus, reducing the cost of supervision. Highly trained healthcare professionals can improve the health sector's operations and improve client well-being. Mutabazi, *et al.* (2017) argue that employee training improves performance when it is properly executed and through proper identification and selection of trainees as well as scheduling training based on the gaps identified in the areas of skills, knowledge change of attitudes and abilities of the concerned employees. Thereby, training provides benefits to the employee as well as for the organization by positively influencing performance and service delivery.

According to Kosec and Wantchekon (2020), service can be defined as "the performance of work or duty by an official or an act of helping others, or power to control or make use of resources, or an organization or system providing the public with something useful or necessary." Ehrenkranz *et al.* (2019) aver that services are characterized by their distinctive features. These features include inseparability, variability (heterogeneity), intangibility and perishability. Furthermore, these features apply to all services regardless of the type. Inseparability implies that the time of production and consumption occur simultaneously. Kosec and Wantchekon (2020) confirm that variability implies that services are unique because they involve interactions with objects or people. In intangibility, the services cannot be tested or touched. Additionally, in the healthcare sector services are rendered to the patients and their satisfaction determines the effectiveness of

the service rendered (Maphumulo and Bhengu 2019). Therefore, in the context of this study service delivery is determined by client and employee satisfaction.

Zimbabwe is a country located in the Sub-Sahara Africa; hence it is imperative to discuss the current state of the health sector in the region. According to Deaton and Tortora (2015), in Sub-Saharan African (SSA) countries, health care facilities are facing a rising pressure from growing populations and the emergence of infectious diseases such as the outbreaks of Ebola and COVID-19. Angus and Tortora (2017) state that results from survey conducted by Afro-barometer, Sub-Saharan Africans are also relatively unhappy with their healthcare. The study also revealed that 42.4 percent are satisfied with the availability of quality healthcare in the city or area in which they live, and this is the lowest level of satisfaction compared to other regions of the world. Odekunle *et al.* (2017) postulate that SSA also has the second lowest perception of personal health, after only the former Soviet Union and its satellites. Furthermore, Deaton and Tortora (2015) confirm that Africa is the continent with the highest mortality rates, and it is the only continent where deaths from infectious disease still outnumber deaths from chronic disease. In sub-Saharan Africa, at least one-sixth of the population lives more than 2 hours away from a public hospital, and one in eight people is no less than 1 hour away from the nearest health center, this reflects need for healthcare facilities especially in cases of emergency (World Health Organization 2017).

As of 2020, there are 5,723 hospitals in SSA. Mogaka *et al.* (2017) highlight that many people from the region have become medical tourists to get better quality health care especially in Europe and Asian countries. In order to address the challenge, countries in sub-Saharan Africa need to increase their investments in their health systems and put in place processes that will ensure the delivery of high-quality services (Adejare *et al.,* 2020). Consequently, this will lead to improved perceptions of the health care systems, growth of the health care sector, and a reversal of the trend toward medical tourism. Additionally, health care system in SSA is facing a challenge of brain drain, which is the emigration of skilled nationals, resulting in a depletion of skilled human resource in the countries of origin (Adovor *et al.,* 2021). Kaplan and Höppli (2017) attest that the African Union estimates that about 70,000 skilled professionals emigrate from Africa every year. The impact of brain drain is particularly pervasive when it comes to public service delivery in the health sector. Atte (2021) concurs that in numerous African countries, there are more locally born healthcare professionals residing outside their country than in it. This puts an enormous strain on public health delivery on the continent, especially considering that there are not enough healthcare professionals to attend to citizens in most African countries (Osigbesan, 2021). San Juan *et al.* (2021) confirm that local training of medical personnel has neither plugged the capacity deficits nor increased retention rates. Given the economic realities in Sub-Saharan Africa and the allure of developed countries, many locally trained physicians choose to emigrate leading to the need for training for those who remain to improve service delivery. Flowing from above, this study examines the following hypothesis:

H_1 - There is a positive causal relationship between on-the-job training and service delivery.

H_2 - There is a positive relationship between of the job training and service delivery.

Methodology

This article adopted a quantitative research approach. Quantitative research refers to the process of collecting and analysing numerical data to examine relationships between variables or to establish patterns or trends (Watson, 2015). The use of quantitative research is relevant because this study set out to examine the relationship between training and service delivery efficiency among healthcare workers in Gwanda, Zimbabwe. Findings provided generalizable insight to the factors impeding effective service delivery across healthcare institutions in rural Zimbabwe. Survey questionnaires were administered to collate information from 80 healthcare workers. Creswell (2018) defines a census survey as a statistical investigation in which the data is collected

from each element/unit of the population. Also, the use of questionnaire in examining behavioural patterns and establishing relationships is not novel to empirical literature especially when sample exceed 30 (Bakalikwira *et al.,* 2017; Bananuka *et al.,* 2018). The questionnaire contained closed ended questions on a 5-point Likert scale. The questionnaire was developed after reviewing existing literature on training and service delivery in healthcare institutions. Training was operationalized using the measures, such as off the job training and on the training. Service delivery was measured using items healthcare professionals' experiences. A total of 92 questionnaires were administered, 83 were returned and 80 were completely and correctly filled. These 80 questionnaires formed the data used for analysis in this study.

The study was conducted at a hospital situated in Gwanda which is a small town in Zimbabwe, Matabeleland Province. Gwanda is surrounded by rural communities which are under-developed thus reflecting traits of disservice in the area at large. The study was conducted at Manama Mission hospital which is a custodian of Evangelical Lutheran Church in Zimbabwe. The hospital is situated in a rural community of Manama and faces the same challenges faced by hospitals in Zimbabwean rural areas. Shrotryia and Dhanda (2019) posit that content validity can be used as evidence that the result of a study corresponds or tallies with the construct it was designed to cover. Consequently, Cresswell (2018) defines reliability as the ability of a research instrument to produce consistent results when the same entities are measured under different conditions. For this study, validity of the questionnaire was obtained through the development of the scales with the help of an expert in the field using the content validity index (CVI). To test the validity and reliability scales of the study, CVI and Cronbach's (1951) alpha test were utilized. Experts in the subject validated the questionnaire. CVI of all the study variables was above 0.8 while Cronbach's reliability index for study variables was above 0.7 and this concludes that the research instrument was valid and reliable.

Östman and Turtiainen (2016) aver that ethics can be defined as moral principles put in place by an individual or a group of people on the behavioural expectations about correct conduct. It is imperative for a researcher to abide by ethical codes, thus in this study respondents were assured confidentiality and anonymity. The biographical information section of the questionnaire did not collect respondents' names so their anonymity can be guaranteed, this implied that once all questionnaires have been retrieved even the researcher could not match them to any respondent. The respondents were not coerced into participating in this study and they were assured of withdrawal at any given time whenever they felt uncomfortable to participate without any questions asked. Ethical approval was obtained from the Zimbabwean Matabeleland South Province Ministry of Health in June 2017. The collected data was checked to identify any inconsistencies in responses given by the respondents and any missing values. Using series of mean value replacement method, simple frequency runs were made for data screening. The identified values were a result of omissions made by respondents and constituted less than 0.5% of the data; thus, considered insignificant to suppress the standard deviation (Pandey and Pandey, 2021). After cleaning the data, demographic characteristics were computed using Statistical Package of Social Sciences (SPSS) version 27 and this was followed by correlation analysis to establish associations between training and service delivery.

Findings of the Study

In eliciting the role played by employee training in service delivery at Manama Mission hospital, 80 respondents completed the closed-ended questions, and the findings are presented below. Table 1 below presents the demographical findings of the study.

Table 1: Demographic characteristic of the respondents

Profile of respondents		
Age group		
21-30	31	39
31-40	35	44
41-50	6	7
51 and older	8	10,0
Total	**80**	**100.0**
Gender		
Male	23	29
Female	57	71
Total	**80**	**100.0**
Highest educational qualification		
Ordinary Level	33	41,3
Advanced level	4	5,0
Certificate	13	16,3
Diploma	26	32,5
Undergraduate degree	4	5.0
Total	**80**	**100.0**
Years of service		
< 1	22	28
1-5	24	30
6-10	22	28
11-15	3	4
16-25	2	3
26-30	5	6
31 and above	2	3
Total	**80**	**100.0**

Usable questionnaires were received from 80 respondents. Of the 80 respondents, 29% were male whereas 71% were female. This has an implication that mission hospitals basically employ more females as compared to the male. Regarding the age bracket of the respondents, 39% belonged to 21–30 years age group and this was followed by 44% in the age group of 31-40 years and respondents ranging from an age group of 41-50 constituted 8% of the sample size. This implies that majority of the respondents are in their middle age with more experience in the profession, which also impacts on the service delivery. 41% of the respondents have attained an ordinary level certificate, 33% possessed a diploma certificate and 26% have attained an undergraduate degree. Respondents were asked about how long they have been in healthcare service. The study results show that out of the 80 respondents, 28% had been in the hospital for a period between of less than 12 months. 30% of the respondents have worked at the hospital for a period of 1-5 years, 28% of the respondents have worked for a period of 6-10 and only 3% have 31 years and above years of service at the hospital. The results show that more than 58% have been in service for less than 5 years which reveal that they are emerging in the field and require more training.

Goodness of fit assessments

To determine the psychometric properties of the measuring instruments, Confirmatory factor analysis (CFA) through assessment of the goodness of fit statistics (CFI, RMSEA and SRMR) was used. Variance-based structural equation modelling (SEM) Smart PLS was used to test the direct and indirect links between on-the job training, off-the-job training, and service delivery. Table 2 presents the goodness of fit statistics related to all the study's scales. The fit indices of the CFA model related to on-the-job training were reported as follows: CFI (0.956), RMSEA (0.128) and SRMR (0.0754). The model fitted the data well as two (CFA and SRMR) of the three fit statistics

were acceptable. Goodness of fit results for off-the-job training were found as follows: CFI = 1.356, RMSEA = 0.328, SRMR = 0.071. observed the following goodness of fit indices:

CFI= 0.984, RMSEA = 0.190, SRMR = 0.964). The model was well fitting given that two of the three fit statistics (CFI and SRMR) were acceptable

Table 2: Goodness of fit statistics

Variables	**ONT**	***p***	**OFT**	***p***	**SD**	***p***
S-Bx^2	301.655	0.0000	200.762	0.7200	238.762	0.0000
Df	199	-	87	-	176	-
CFI	0.956	-	1.356	-	0.953	-
RMSEA	0.128	0.143;0.124	0.328	0.174;0.201	0.143	0.128;0.187
SRMR	0.0754	-	0.964	-	0.0543	-
ONT, on-the-job training; OFT, off-the-job training; SD, service delivery; CFI, Comparative fit index; RMSEA, root mean square error of approximation; SRMR standardized root mean square residual; DF, degrees of freedom						

Source: Researcher's compilation (2022)

Analysing service delivery within healthcare institution in Gwanda area of Zimbabwe

To examine the perception of healthcare workers on the effectiveness of the services they provide, the questionnaires measure how they handle complaints from patients, the availability of relevant equipment, as well as the technical know-how of how to operate the equipment.

Table 3: Service delivery analysis

Service delivery	**Agree**		**Neutral**		**Disagree**		**Chi Square**
	Count	**Row N %**	**Count**	**Row N %**	**Count**	**Row N %**	**p-value**
Customer complaints are taken seriously at the hospital.	8	10.0 %	8	10.0 %	64	80.0 %	0.000
All equipment is provided to carry out duties effectively	3	3.8%	0	0%	77	96.2 %	0.000
Training is provided on how to use the available medical equipment	36	45%	12	15%	32	40%	0.000
Patients stand in the que for a long time while waiting for my services.	70	87.5 %	9	11.3 %	1	1.3%	0.000

Source: Researcher's compilation (2022)

Table 3 shows that healthcare professionals are aware that service delivery at the hospital is poor. 80% of the respondents indicated that customer complaints are not taken seriously at the hospital. Furthermore, the respondents are not provided with all the necessary equipment required effectively and efficiently carry out their duties. Additionally, 45% of respondents also indicated that they were provided with the necessary training on how to use equipment and 40% disagreed while 15% chose to remain neutral. Many of the respondents (87.5%) indicated that most of their patients stand in ques for longer periods of time which is indicative of poor service delivery.

Training and service delivery: A correlative analysis

Correlation analysis was used to determine if there is relationship between the type of training provided to healthcare workers and their ability to carry out their duties effectively and efficiently. Pearson correlation coefficient was adopted for this study as it is a parametric statistic and requires interval data for both variables (Schober *et al.,* 2018) and to test its significance, normality is assumed. Parametric statistics assumes that the sample data comes from a population that follows a probability distribution based on a fixed set of parameters.

Table 4: Correlation analysis

Model	**Unstandardized coefficients**		**Standardized Coefficients**	**T**	**Sig**
	β	**Std. error**	**Beta**	**γ**	
(Constant)	1.552	2.762		7.567	.013
On the job training	.302	.219	.297	4.187	.000
Off the job training	.228	.055	.501	5.889	.345
Service delivery	.390	.059	.4,89	7.143	.000

Results in Table 4 indicate that there is a significant positive relationship between on-the job training and service delivery (β=.297; P<0.05) thus H_1 (*there is a positive causal relationship between on-the-job training and service delivery*) is supported. This implies consistent and focused on-the-job training for healthcare workers could increase the effectiveness of their service delivery. The findings suggests that it is not enough to have gained theoretical knowledge through schooling, practicing as a healthcare worker comes with its own often dynamics and context-based challenges that can only be addressed by gaining knowledge on-the-job. Furthermore, correlation results show that there is no significant positive relationship between off-the job training and service delivery (β=.501; P>0.05) and thus H_2 is not supported. This implies that a positive change in off-the job training will not necessarily lead to a positive change in service delivery.

Discussion

This study indicate that on-the-job training is a significant predictor of service delivery in the health sector, it is important that healthcare workers receive regular trainings that take into consideration the contextual peculiarities of where they work. These regular trainings will help build competence, increase productivity, and equip healthcare workers with responsive skills to meet the ever-growing challenges within the healthcare system deepened by infrastructural decay, lack of equipment and growing emigration of experts from the country. Consequently, without adequate and constant on-job-training, effective service delivery is hampered. As with the respondents in this study, they value the training they had received on the job because they believed it enhanced their competence, however, these types of training are not regular. This concurs with Nawaz *et al.'s* (2014) argument that trainings that are focused on equipping employees with relevant technical skills, interpersonal skills, and solid knowledge in order to perform their jobs efficiently and effectively at the workplace increases productivity and service delivery.

On the other hand, Elnaga and Imran (2013) argues that training not only develops the capabilities of the employees' but sharpen their thinking ability and creativity in order to take better and productive decisions in timely manner. Also, Amin *et al.* (2013) believes that training enables employees to deal with the customer in an effective manner and respond to their complaints in a timely manner. On-the-job training is part of the vital human resource management practices that positively affects the quality of the workers knowledge and skills, and this results in higher employee performance (Elnaga and Imran, 2013). Despite the importance of training for effective and efficient service delivery, Adejare *et al*. (2020) argued that training only improves employee performance when it is properly done; through proper identification and selection of trainees, timely scheduling of trainings and based on the gaps identified in the areas of knowledge, skills, abilities and change of attitude of the concerned staff. By so doing, training generates benefits for the employee, as well as for the organization by positively influencing employee performance through the development of employee knowledge, skills, ability, and behaviour. As such for training to be effective within healthcare institutions, specific gaps requiring improvement must be identified, facilitators who are knowledgeable about not just the problems, but the contextual peculiarities must be sourced (usually efficient senior staff members), and it must be scheduled within a proper time (before effective service delivery is hampered).

One of the ways through which service delivery was measured was by examining how patient complaints was addressed. The study also examined if the healthcare institution is adequately equipped and if the healthcare workers possess the needed technical know-how to operate these equipment's. The results suggests that patient complaints were not taken seriously hence indicating that service delivery was poor. Makuve (2021) indicated that effectively addressing patient complaints in a timely and sensitive manner is crucial for the efficiency of healthcare institutions. Patients in need of care are sensitive and addressing their pressing concerns is a crucial part of the recovery process, however because most healthcare institution are short staffed, it usually become overwhelming to address all complaints in a timely manner. Furthermore, the result showed that long ques have become a norm at Manama Mission hospital, a condition that can very frustrating for patients but not uniquely peculiar to this context. Madyira *et al.* (2021) confirms that it is now normal for Zimbabwean hospital to have long and winding queues. While shorter ques might not necessarily be a unique justification that healthcare service delivery is efficient, it is definitely an indication that patients are not receiving the best of service.

It was also evident that Manama Mission Hospital is in shortage of crucial equipment's for effective service delivery. In the absence of relevant equipment's diagnosing and managing certain illnesses becomes difficult and this creates tension between patients and healthcare worker. Literature show that hospitals in Zimbabwe are poorly equipped and this worsened the Covid-19 pandemic (Hofisi and Chingoiro, 2021; Makuve, 2021). The very limited equipment available in some of these hospitals are obsolete and this affects service delivery (Hofisi and Chingoiro, 2021). Even though there is an equipment gap, literature indicate that providing relevant training on how to use hospital equipment (including e-facilities) is crucial and required (Furusa and Coleman, 2018).

Conclusion

This paper aimed to find out the contribution of on-the-job training and off the job training on service delivery using evidence from Zimbabwe's health sector. This was achieved through a questionnaire survey of 80 health workers in a Mission hospital. Further, correlation analysis results indicate a positive association between on-the-job training and service delivery and no positive association between off the job training and service delivery. On the job training is recommended to healthcare institutions because this was found out to be more associated to employee performance ultimately leading to improved service delivery as compared to off the job training. Therefore, in case healthcare institutions wish to train employees they should give on the job training the priority. Like any other study, this study is not without limitations. This study was cross sectional and employed questionnaires with closed ended questions. It is thus probable that changes in behaviour over time is not monitored. Further, close ended questions limit a respondent's freedom to fully express his or her opinion. There is therefore need for future research to employ a mixed methods design to gain an in-depth understanding of the subject matter. Future researchers may wish to conduct interviews to ascertain the determinants of service delivery or carry out a meta-analytic study in the same area since the current study predictor variables only account for 44.7% of the variance in service delivery.

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