Effect of Organizational Culture and Business Climate Within the Work Environment on Transfer of Training From the Perspective of Workers in Palestinian Government Hospitals*

Hussein Abed

Lecturer in Business
Administration Department

Dr. Majeed Mansur

Head of Marketing
Department

Bashar Ahmed Saleh

Jerusalem Pharmaceutical
Company /Ramallah

State of Palestine

Abstract:

This study aims to identify the impact of organizational culture and business climate within the work environment on transfer of training from the perspective of workers in government hospitals in the northern West Bank. This study will attempt to establish more of these factors impact on the process of the transfer of training. The study attempts to examine hypotheses about the impact of (organizational culture, business climate) at the level of significance (0.05) on the transfer of training within the work environment from the perspective of the employees in government hospitals in the northern West Bank. This is a study of the reviewed studies, which depends on the resolution as a tool to gather information which has been applied to government hospitals in the northern West Bank. Where the study sample consisted of all health workers in government hospitals in the northern West Bank in each of the National Hospital, and Rafedia, and Thabet Thabet, Qalqilya, Jenin and Salfit, the study sample reached (486).

The results of the study indicated that the model was able to provide interpretation of 78.9 % of the transfer of training, 46.6 % related to organizational culture factors while 32.5 % related to the work environment. The study concluded that the previous models, which addressed the issue of the transfer of training to the work environment, has succeeded in explaining this phenomenon in the context of various social and economic problems, which gives a broader dimension to the transfer of training

Introduction:

The world is witnessing nowadays a number of changes, transformations, and developments which affect different aspects of life. This is not expected to stop and it's affecting all organizations. One reason behind these changes is that the organizations are subjected to growing pressure to further improve the quality of their products or services provided. Another reason is the trend towards globalization, intensity of competition and rapid development of the technology. Moreover, the transformations in markets, politics and economic imbalances have resulted from the global recession (Daniels & Radebaugh, 2001)

In the 21st century, organization's landscape primarily are driven by information, and knowledge has become a primary organizational asset

As an important organization asset, human intellectual capital, consists of competencies

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of an enterprise's management and staff, and is used to design, produce, and deliver ever more innovative and sophisticated products and services (Brainmarket, 2002).

The skills and performance of employees in the work place are critical to the success of every organization. Both developed and developing organizations spend a large amount of time and money in the training to: maximize productivity and quality of work; Maximize profits; Minimize staff turnover; Improve customer satisfaction; improve motivation (Velada, et al., 2007).

Training is focused on trying to change the behavior or to develop new skills and knowledge for individual trainees who are expected to be applied in the workplace. Transfer of training is defined as a degree to which trainees generalize and apply knowledge, skills and abilities to their jobs (Park, et.al, 2007).

Organizations in all sectors want to ensure that all of their investments in human capital provide maximum returns. Unfortunately, the rate of transfer of skills learned in training that should be practiced back in the workplace has been disappointing for most organizations. The major component of effective training is the ability of trainees to apply the knowledge and skills gained from training to their work. The process of transferring new learning from training course to organization workplace is the most important stage in the training process.

"Transfer of training" is an area of focus in the field of Instructional Technology. Anglin (1995) defines this field as: "The systemic and systematic application of strategies and techniques derived from behavior and physical science concepts and other knowledge to the solution of instructional problems". When there is widespread failure of trainees to use, in the workplace, what they have been taught in the classroom, then it becomes an instructional problem that must be addressed.

By definition, transfer of training is the degree to which trainees apply the knowledge, skills and attitudes gained in training to their job. It has also been described as the maintenance of those skills, knowledge and attitudes over a certain period.

Many organizations throughout the world have a problem with transfer of training in the workplace and whatever the actual level of training transfer in any organization, when training does not transfer; it is likely that employees waste their time as well as the organization time. Billions of dollars are spent on training in an effort to increase productivity so businesses can stay competitive in the face of fierce global competition and a rapidly changing environmental (Seyler, et al., 2002).

Different study's findings present a serious problem for organizations, given that transfer of training is considered the primary leverage point by which training influences organizational-level outcomes and results (Kozlowski et al., 2000; Saks & Belcourt, 2006)

To understand the transfer of training process, it needs to understand all the factors affecting trainees during the training process and after training when they return to the workplace (Nikandrou, et al., 2008)

However, in the context of the Palestinian health Public Sector, little is known about factors that influence a trainee's decision to use what they have learned in their workplace. As

this has a potential impact on performance, a better understanding of the factors that influence training transfer would be valuable in determining how to motivate trainees to use the knowledge and skills that benefit the organization. So this study seeks for model groups of various factors affecting training transfer based on the reality of training in Palestinian Government Hospitals.

Problem Statement:

Training is one of the most commonly employed human resource development (HRD) strategies to improve employees and organizational performance If the management is not satisfied or found out that the customers of the organization are not satisfied with the employees' work or products, it must then decide to either look for people who can meet organizational needs or improve the performance of the existing workforce (Stolovitch & Keeps, 2004). Training is often the intervention of choice. The literature suggests that a significant portion of investment in organizational training and development is wasted as much of the knowledge and skills gained in training are not utilized by employees on the job (Salas & Cannon-Bowers, 2001; Tracey et al., 2001; Yamnill & McLean, 2005). To a large extent, research in the area of transfer of training has been hindered by the conceptual lack of clarity, (Baldwin & Ford, 1988; Bates, 2003). There is little evidence in the research or anecdotal training literature to convincingly show that training programs transfer knowledge or skills to the job as evidenced by significantly changed behaviors (Baldwin & Ford, 1988; Holton& Baldwin, 2003; Salas & Cannon-Bowers, 2001). The failure to translate training expenditures into high-yield improvements in on-the-job behavior and performance is a serious problem for organizations that spend billions of dollars each year on training and development (Awoniyi et al., 2002; Salas & Cannon-Bowers, 2001; Subedi, 2004, 2006). Some researchers have suggested that even when training is necessary, there are inhibiting factors that hinder transfer. In an attempt to clarify the transfer issue, Broad and Newstrom (1992) examined factors inhibiting transfer of training. This study used surveys to study individual and environmental factors in a systemic way and identified five inhibiting factors, These are: (1) organizational culture; (2) work environment; (3) (4) trainees; (5) trainers; (6) training design. Hence, this study examined the relationship between the factors affecting transfer of training within the work environment in Palestinian Hospitals and what is the proposed model to improve training transfer in Palestinian Government Hospitals.

Importance of the Study:

The importance of the research is to identify the factors that influence training transfer in Palestinian Government Hospitals, as well as:

- Helping the management to identify the factors affecting transfer of training within the work environment in Palestinian government hospitals to increase human resources efficiency and productivity. This will be reflected positively on the Government goals.
- Improving the trainee's perception of supervisor and managers of hospitals to facilitate the process of transferring the training into work place in Palestinian Government hospitals.
- Designing a model, which can be applied for the transfer of training in Palestinian Government hospitals.
- Filling in the gap since there are no studies in this field in Palestinian region and also there are a little studies in Arab countries.

Aims of the Study:

This study aims to achieve the following objectives:

- Identify effect of organizational culture and work climate within the work environment on training transfer from the perception of workers in Palestinian Government Hospitals
- Provide quantitative information on which factor is the most influential on the effectiveness of training transfer in the workplace.
- This data helpfully provide researchers with new avenues to pursue, that would be beneficial to understand the influences on training transfer.
- Help in developing a future training strategic organizational approach in Palestinian Government hospitals based on the study results.
- Develop and formulate a training transfer model in Palestinian Government hospitals.

Research Questions:

This study aims at answering the following questions:

1- What are the effects of organizational culture and work climate within the work environmental on training transfer from the perception of workers in Palestinian Government Hospitals in northern West Bank?
2- Which factor (organizational culture, work climate) that affects the transfer of training within the work environment from the perception of workers in Palestinian government hospitals in northern West Bank.
3- What is the effect of (organizational culture, work climate, trainees) on the transfer of training within the work environment from the perception of workers in Palestinian government hospitals in northern West Bank2

Research Hypotheses:

The study aims to investigate the following two main hypotheses and the sub-hypotheses:

1- There are no significant effects ($\alpha \geq 0.05$) of work climate in Palestinian public hospitals operating in northern Palestine on training transfer from the perception of workers in Palestinian Government Hospitals.
2- There are no significant effects ($\alpha \geq 0.05$) of organizational culture in Palestinian public hospitals operating in northern Palestine on training transfer from the perception of workers in Palestinian Government Hospitals.

Conceptual Framework and Literature Review:

The following section provides a brief overview of the literature regarding the importance of training, training transfer problem. It also discusses factors that influence the training transfer which include: organizational culture, work climate, training design, trainee, and trainer, giving special attention to theoretical justification to the relationships that will be tested in this study. Moreover, this chapter will discusses some models related to training transfer and presentation of related literature.

The Training Concept:

Training may be defined as a planned learning experience designed to bring about permanent change in an individual's knowledge, attitudes, or skills (Baharim, 2005).

A large part of any development involves organizational sponsored training efforts. As knowledge has become a key economic resource and a source of competitive advantage, effective training is most important to instill knowledge.

Training and development is an expensive investment for most organizations. It is fair to say that employers aim to ensure that investments in training provide maximum returns. (Baharim, 2005)

It is known that business and technology, especially medical technology, is in rapid change and the individuals must be able to adapt to these changes in order to meet the organizational goals and objectives.

Human resource development is a critical factor for organizational success and development to achieve the desired goals and objectives (Sabarudin Z., 2011). Training is the most used tool to prepare the individuals for these challenges (Miguel A. Quinones), Organization and employee can achieve their goals through the knowledge and skills from the training transferred to the workplace and it also the most common form of human resource development that helps organizations enhance workforce effectiveness and productivity (Yamnill, 2001; Pilar Pineda, 2009) by means of specified learning geared towards performance improvement. Training is appropriate when the individual's performance would be improved with additional skills and knowledge (Zane L. 2008).

Training Outcome:

Organizations spend an immense amount of time and money on training in order to facilitate employees' learning of job-related competencies (Cascio, 2000; Noe et al., 2006). For example, US companies spend more than $50 billion annually on formal training (Dolezalek, 2004). Moreover, investment in training activities has increased all over the world in recent years. As a result of the financial investments organizations make in training, it is important to provide evidence that training efforts are being fully realized (Cascio, 2000; Dowling & Welch, 2005).

In the Palestinian context, the financial resources allocated to training approximately estimated by the researcher, is 1.5 million dollars annually.

In other words, it is important for organizations to ensure that training leads to desired work outcomes such as increasing in job performance. (Velada, 2007)

It has been estimated that only about 10 per cent of all training experiences are transferred from the training environment to the job. Although this is a lower-bound estimate, Wexley and Latham (2002) suggest that although approximately 40 per cent of content is transferred immediately following training, the amount transferred falls to 25 per cent after 6 months and 15 per cent after 1 year. This suggests that as time passes, trainees may be unable or less motivated to retain and use the information gained in the training program. As a result, there has been an increased effort to understand the antecedents and consequences of the transfer of training process .(Velada, 2007)

Training Problems:

Much of the time and money invested in training is never fully realized, because only a small percentage of the training effectively results in permanent transferability to the workplace. There has been a recognition of a concern of the transfer problem, that much of the training content is not applied in the work setting, and investments in learning continue to yield deficient results, making transfer a core issue for both researchers and practitioners (Burke & Hutchins, 2007;Hamer،2003)

Training Transfer:

In particular, organizations rely on learned knowledge and skills being applied to the job. Largely, this behavior constitutes a transfer of training. By definition, then, transfer of training, is the degree to which trainees apply the knowledge, skills and attitudes gained in training to their job. It has also been described as the maintenance of those skills, knowledge and attitudes over a certain period. In a human resources context, transfer of training represents a core element transforming learning into individual performance.

On a wider scale, the concept of transfer of training has attracted the attention of many training researchers and human resource development (HRD) practitioners, particularly in terms of how transfer may be enhanced (Holton; Bates & Ruona, 2000; Baharim, 2005)

The scientific basis of transfer of training studies originated in planned behavior theory originated in the field of social psychology as a predictor for behavior. This theory predicts that the most important determinant of a person's behavior is behavior intent. The individual's intention to perform a behavior is a combination of his or her attitude toward performing the behavior, the prevailing subjective norms and the perceived behavioral controls on the individual.

"Transfer of training" is defined as the application of new knowledge, skills and attitudes learned exactly from training and applied to job performance. One major conclusion that emerges from researches is that training transfer is the degree to which trainees apply what is learnt to their workplace (Ken Pidd, 2003).

Transfer can be viewed as positive or negative. Positive transfer of learning is the degree to which trainees effectively apply knowledge, skills, and attitudes gained in a training context to the job. Negative transfer occurs when learning in one context undermines performance in another. Positive transfer refers to the use of new learning to enhance outcomes (e.g. quality, productivity etc.) while negative transfer occurs when continued use of new learning leads to less desired results.

Understanding and improving the transfer of training process has become a primary concern for training researchers and practitioners. The literature indicates that in the short term only 50% of training transfers to the job, and in the longer term, only 10% will ultimately transfer (Kim & Lee, 2001).

Kavanagh (1998) developed a multi-level multistage process to help understand the complexities of the transfer of training process. Specifically, he suggested that training transfer is influenced by several variables at different levels of analysis (e.g. individual, supervisor, workgroup and organization) and in different stages in the training process (e.g. pre-training, training and post-training). (Velada, 2007)

To date, the extant literature (Holton, 2005) has identified many factors determinants of training transfer: training design or enabling factors, individual factors or trainee characteristics, and work environment or transfer climate .(Raquel Velada, 2007) Studies conducted in the last two decades estimate that very low level less than 50% training outcomes are transferred back to the job, (Mary L. Broad, 2005) (Eddie W. L., & Danny C. K. Ho., 2001), (Brown and McCracken, 2009 and Hutchines, 2009. Burke and Hutchines, 2007) estimate that transfer occurs between 10-60%, yet there is substantial research and best practice experience that shows how to raise performance outcomes significantly. Training transfer is a process that required implementation of carefully planned strategies to facilitate positive transfer. It is equally important to minimize the effects of factors that are recognized as barriers or as causes of barriers to transfer.

Training Transfer Process:

The concept of "transfer" has a wider meaning in educational psychology--a phenomenon which can exist solely within the boundaries of a classroom. In this sense, transfer is the basis of all learning and, therefore, it is often referred to as "transfer of training inputs learning" (instead of training). In order to perform algebra, one must transfer simpler skills, such as addition, multiplication, division, etc., which is an example of vertical transfer. An example of lateral (horizontal) transfer is found in learning concepts, where one must be able to transfer attributes among a class of objects--for instance, to distinguish a dog from a cow (Klausmeier & Davis, 1969).
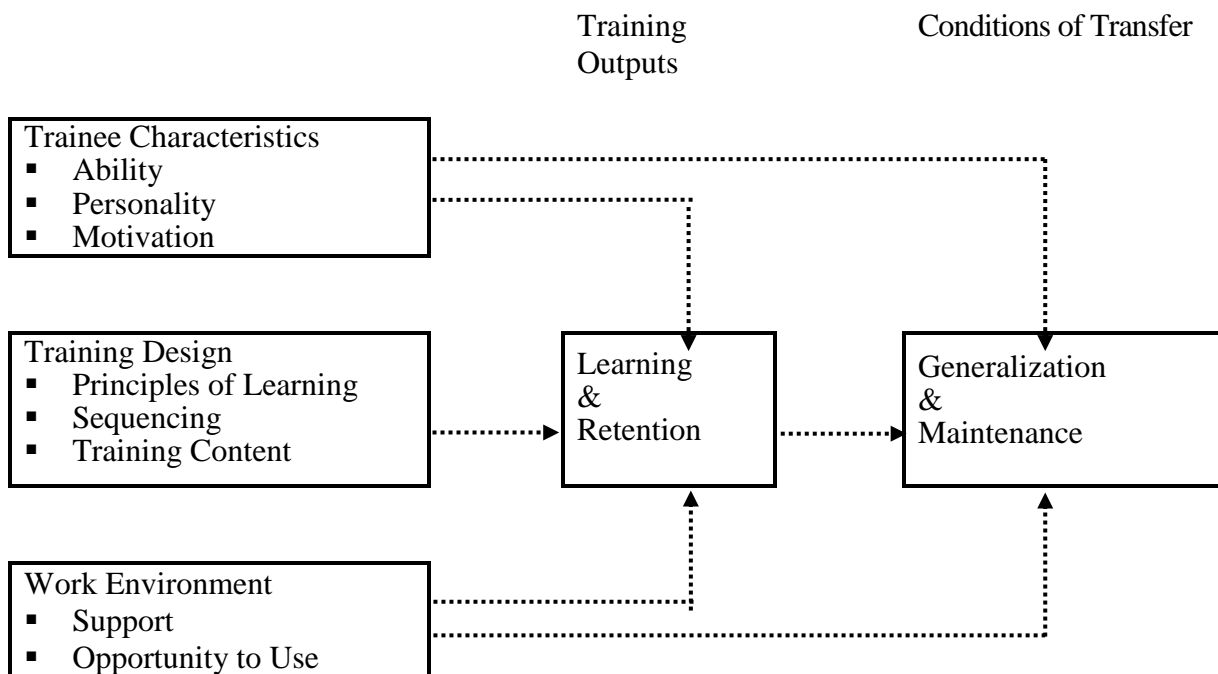
From "Transfer of training: A review and directions for future research," by T. T. Baldwin and J. K. Ford, 1988, *Personnel Psychology, 41,* p. 65.

Figure 1. A Model of the Transfer Process

Factors Affecting Transfer of Training:

To fully understand the transfer process, it is necessary to understand all factors before, during and after training that affect the process when trainees return to their work:

Work Environment: work climate & organizational culture:

Work environment factors refer to factors in the workplace that may affect individual application and maintenance of new skills learned in training (Dodson, 2004).

Kozlowski & Salas, (1997) discussed the interference from immediate (work) environment as obstacles (real or imagined) preventing trainees from applying skills and knowledge in the workplace.

Raquel Velada, (2007) criticized that many training transfer studies excluded environmental factors such as continuous learning culture

Research has demonstrated that training efforts are unlikely to result in positive changes in job performance unless the newly trained competencies are transferred to the work (Raquel Velada, 2007)

Work environment variables have been investigated less often than factors influencing training transfer such as training design, trainer and trainee characteristics (Alvarez et al., 2004) However, a number of studies have shown that environmental factors are important for understanding the transfer of training process (Lance et al., 2002).

In literature, work environment has been classified into two dimensions of the that have received attention with regard to transfer of training include organizational culture and climate stressed the importance of both transfer of training climate and continuous learning organizational culture as work environment variables that have a significant impact on the post-training behaviors (Holton et al., 2000; Tracey & Tews, 2005). (Raquel Velada, 2007).

Lim (2006) defined Organizational Climate as a climate that includes work and environmental factors that inhibit, reduce, or promote training transfer

Baldwin & Ford (1988) emphasized that a transfer climate is a general construct that has been used to describe those features of the work environment that directly influence the generalization and maintenance of knowledge and skills learned during training.

Research has indicated that when employees perceive that the organizational climate is supportive, they are more likely to apply their new knowledge in the work environment (see Baldwin & Ford, 1988; Tracey et al., 1995).

On the other hand, as organizational culture is considered to be the second dimension of work environment. Lim & Morris (2006) clarify that Supportive Organizational Culture is the extent to which supervisors/management, work groups, and trainers behave in a way that optimizes trainees' use of knowledge, skills, and attitudes gained in training on the job

Supportive organizational culture (OC) includes the external environment, organizational structure, culture, job supervisor, and upper management of the firm (Broad & Newstrom, 1992). Supervisors have more influence than coworkers do on the learners' decision to implement training. They are responsible for encouraging and setting a model for desired work-related behaviors.

Baldwin and Ford (1988) divided the work environment factors into (a) a supportive organizational climate, (b) a pre-training discussion with the boss (supervisor or manager) ،(c) the opportunity to use knowledge and skills, and (d) post-training goal setting and feedback. Researchers have focused on different factors of this work environment. Previous studies indicate that practitioners examined the environment first when evaluating transfer problems (Hicks, 2006). They suggest that the effort and success in the application of workplace learning is greater in environments characterized by high levels of supervisor and coworker support (Bates; Holton; Seyler & Carvalho, 2000; Bates et al., 2000). Rouiller and Goldstein (1993) and Tracey et al. (1995) found that management trainees in supportive, compared to non-supportive, workplaces were more likely to demonstrate trained behaviors.

A number of subsequent studies have substantiated these findings and highlighted the importance of organizational support. For example, Montesino (2002) found that there was a significant correlation between the variables "perceived presence of practices to support usage of training" and "perceived alignment of training with the strategic direction of the organization" (trainees: r=.29, p<.00l, managers: r=.38, p<.03) (Montesino, 2002.)

Researchers have often cited organizational support as an important factor in the transfer process, but very little research has been done to find out how support mechanisms work to facilitate transfer. Ford et al., (1992) stressed three factors affecting transfer: supervisory attitude towards trainee, peer support, and pace of workflow.

Possibly the most obvious source of low transfer rates is that, if the skill is not learned in the classroom, it cannot be practiced in the workplace. Poor instructional design has been considered the main cause of the problem (Berardinelli, Burrow, & Dillon-Jones, 1995; Dick & Carey, 1996; Baldwin & Ford, 1988; Kahnweiler & May, 2000; Smith & Ragan, 1999). Instructional design textbooks indicate or imply that most instruction is not systematically designed or evaluated for effectiveness (Dick & Carey, 1996; Reigeluth, 1983; Smith & Ragan, 1999). The researcher gave a general instructional design quiz to his colleagues, most of whom hold graduate degrees and have been teaching over 10 years, and none of them scored over 20% correct. There is a widespread assumption that, if one is a subject-matter expert, one can automatically design and deliver instruction. Specifically, trainers are unaware of the systematic instructional-design process, and thus they create courses without objectives or use vague objectives. Lee and Pucel (1998) suggested that if trainees feel an objective is important they are more likely to transfer those skills, once learned. This cannot take place if objectives are not explicit or communicated. Poor instructional design skills are also evidenced in the use one instructional strategy for all types of learning outcomes (e.g., lecturing), fail to ensure that the conditions for learning for a particular type of learning outcome are present (Smith & Ragan, 1999), teach at a rule or procedural level instead of general and deeper principles (McGehee & Thayer, 1961), fail to give multiple examples and non examples of concepts in a variety of contexts (Ellis, 1965), provide inadequate practice time and poor timing and content of feedback, or employ inadequate test designs (Smith & Ragan, 1999). Most of the time, learning materials are copied from textbook chapters and magazine articles to produce a training manual instead of customizing these materials to specific industries or the local Caribbean culture. Instructors do not understand how to "process" the learning after exercises and activities, falsely assuming that, when someone is exposed to a learning event, they automatically internalize the content.

Few learning environments are deliberately set up to replicate the performance (workplace) environment (Zemke & Gunkler, 1985). The theory of identical elements, first proposed by Thorndike and Woodworth in 1901, theorized that the more these two contexts are similar, the easier it will be to transfer--that is, the more cues will be available to prompt the trainee in the performance environment. This contention was later supported in empirical research (Gagne, Baker, & Foster, 1950). While this approach may work at the task level for employees, it becomes increasingly more difficult to apply it to higher levels of management, where skills are more abstract.

Even if instruction is designed properly and participants carefully selected, poor delivery could also be a significant problem, as many trainers are lacking in these techniques as cited in the literature (Berardinelli et al., 1995; Baldwin & Ford, 1988; Kahnweiler & May, 2000). The timing and location of training can also serve as an obstacle (Quick, 1991).

Many times during instruction, the trainer does not take the opportunity to provide additional or supportive guidance on using the skills back on the job (Baldwin & Ford, 1988; Gist, Baveita, & Stevens, 1990; Gist, Stevens, & Baveita, 1991). It is often up to the students to translate theoretical concepts and models into procedures and practice at the worksite. While bright students may be able to do this, it places too great of a cognitive load on mediocre and slower students, who will have great difficulty if they can do it all.

Even if one does learn a skill in the classroom, gradual memory deterioration can be significant, especially in the face of little or nonuse. Newstrom (1986) estimates that knowledge retention rates right after training are about 40%, fall to 25% within a half-year, and fall to 15% after one year. The whole foregoing discussion on training is based on the assumption that the problem to be solved is addressable by improved knowledge, skills, or attitudes. The performance technology literature suggests that 80% of all organizational problems are systems-based and, therefore, are not amenable to competency-based solutions (Clark, 1994; Spitzer, 1990).

It is important for any organizations to know how trainees transfer the learned knowledge after a training program to the job environment to improve return on investment from training (Salas and Cannon-Bowers, 2001).

Broad & Newstrom (1992) defined a trainee as the learner, usually an employee, whose training, education, and development are sponsored by the organization to improve organizational functioning and productivity.

The literature on training transfer has identified several trainee characteristics that affect the transfer of training process. Some of these characteristics include cognitive ability, conscientiousness, motivation to learn and to transfer, anxiety, self-efficacy (Colquitt et al., 2000; Mathieu et al., 1992; Noe, 1986).

Others studies include job involvement, organizational commitment, organizational cynicism and job satisfaction (e.g. Mathieu et al., 1993; Tannenbaum et al., 1991; Tesluk et al., 1995; Velada & Caetano, 2007). (Raquel Velada, 2007)

Of these characteristics, performance self-efficacy has been found to strongly relate to both learning (Gist et al., 1991; Mathieu et al., 1992; Quinones, 1995) and transfer of training (e.g. Ford et al., 1998). Additionally, some studies (e.g. Ford et al., 1998) have indicated that

trainees with higher self-efficacy are more likely to transfer the training to the job. Holton et al. (2000) defined performance self-efficacy as an individual's general belief that they are able to change their performance when desired. Hence, when a trainee feels confident in his or her ability to perform, the more likely he or she will transfer such knowledge and/ or skill to the job. (Raquel Velada, 2007)

Trainees must have the ability to retain the knowledge instilled during the training program to facilitate the transfer process. Similar to cognitive ability, training retention is the degree to which trainees retain the content after training is completed. (Raquel Velada, 2007)

Baldwin and Ford (1988) argue that learning retention outcomes are directly associated with the generalization and maintenance of training effects on the job. They argue that in order for trained skills to be transferred, they first must be learned and retained. (Raquel Velada, 2007).

Broad & Newstrom, (1992) defines trainer as a human resource development professional, either internal or external to the organization, who analyzes performance problems and designs and delivers, evaluates, manages, and /or supports training in a variety of ways. Sometimes, the concept is confused with the supervisor who is an individual in an organization with authority and responsibility for accomplishing an objective or mission through the efforts of others (Broad & Newstrom, 1992).

Foxon, (1993) and Short, (1997) defined trainer's Support as the degree to which the trainee's supervisor helps set performance goals, provides opportunities to use newly learned skills, and recognizes and rewards the use of the skills on the job

Trainers can be described as the extent to which supervisors support and reinforce the use of newly learned knowledge and skills on the job (Holton et al., 2000). Although there is some contradictory evidence (e.g. Russell et al., 1985), the dominant literature suggests that when trainees perceive that their supervisors support the application of newly developed knowledge and skills, they are more likely to transfer these competencies back to the job (e.g. Bates et al., 2000; Brinkerhoff & Montesino, 1995; Colquitt et al., 2000; Noe, 1986; Tracey & Tews, 2005). (Raquel Velada, 2007)

Reinforcement on the job occurs when the management/supervisors provide recognition or rewards in the form of incentives, praise, advice, coaching, and references for promotion for those who demonstrate on-the-job application. Most organizations spend huge amounts of money to increase employee productivity. However, investing money in the productivity of employees is not effective if the supervisor/manager does not recognize or reward those who apply what they have learned. When workers receive recognition or a reward from the supervisor/manager for applying newly learned knowledge and skills, they are likely to become more motivated to apply what they learned in the training environment to the workplace. Moorhead and Griffin (1992) found that when trainees are content and think that rewards are attainable, they value the reward system and may transfer learning from training to a greater degree than those without such a reward system (as cited by Lim & Morris, 2006; Moorhead & Griffin, 1992).

Employees are motivated by both intrinsic and extrinsic rewards. Intrinsic rewards are non-monetary rewards for accomplishments that are valued internally; extrinsic rewards are externally administered rewards. Stolovitch, Clark and Condly (2002), in their Performance Improvement by Incentives (PIBI) model, suggest that the greater the utility value a performer

attributes to a task, the more strongly the intrinsic reward plays a role in reinforcing accomplishment. The less utility value the performer attributes to a task, the more extrinsic rewards play a role in eliciting performance (Stolovitch, Clark, & Condly, 2002). In this study, the focus is on intrinsic rewards. Employees want to feel that they are performing well and to feel that they are recognized and valued for their ability to apply newly learned skills and knowledge. When a supervisor recognizes a worker's accomplishments and coaches the worker to apply newly learned skills in ways the worker values, performance improves and the skill and knowledge transfer have a higher probability of increasing. For example, Andrzejewski, Kirby, Morral, & Iguchi (2001) examined the effects of feedback and positive reinforcement interventions on drug treatment counselors' behavior. Initially, counselors were provided with detailed feedback about how well they adhered to the prescribed counseling protocols. Subsequently, the same counselors participated in a random drawing for cash prizes. The counselors' protocol adherence performance measures increased to 71 % during the feedback intervention and to 81 % following the drawing for cash. Each counselor's performance improved during both intervention conditions (Andrzejewski, Kirby, Morral, & Iguchi, 2001).

Organizational training programs are often an effective way to improve employee performance on the job. Training design, the quality of instruction, and the content of training are critical elements related to training success. However, beyond these elements, employee attitudes related to training are likely to affect the degree to which those employees learn. Learning – an assessment of knowledge acquired, skills improved, or attitudes changed due to training – is a critical part of training effectiveness (Robin A. Cheramie, 2010).

Health Sector in Palestine:

Health services in Palestine are of good quantity, but the quality is still less than what is necessary. All Palestinians have easy access to health services, but this is mostly because of the short distances in the Palestinian territories. Gaza Strip and the West Bank have independent health care systems, causing duplication of services and increased costs hardship upon Palestinian territory and has caused a deterioration of the health care network. The Ministry of Health (MOH) is considered the main provider of primary health services in Palestine. There are 416 primary health care centers owned and supervised by the MOH. These centers are distributed as 57 centers in the Gaza Strip and 359 centers in the west bank. These observations might be behind the lack of organizational principles in our health care system. Such poor organization is expected to result in problems that might affect everyone in the health care process (e.g. residents, interns, specialized physicians of all sorts, physiotherapists, psychologists, specialized nurses, patients, patients' families, and so on). However, figuring out how to develop better coordination is tremendously difficult when one considers the rapid changes occurring in health care and the absence of any established organizational frameworks. Process of care should be designed around the needs of patient. This can be improved only by incorporating process and outcome measures into daily work. Such measures make it possible to understand the degree to which performance consist the best practices, and extend to which patient are being helped. Quality of health can be improved if the issue of inefficiency in the delivery of health care needed is tackled. It is a way of ensuring customer satisfaction through involvement of all employees in learning how to reliably produce and deliver quality goods and services (Oakland, 2000). The application of TQM to health care setting can cover the whole range of health care delivery spectrum

including both health care delivery as well as the administrative superstructure (Massoud, 1993). As most problems or opportunities for improvement derived from process weaknesses not individual incompetence; the need for careful coordination and collaboration among departments and professional groups is essential (JCAHO, 1994).

The Palestinian health care system is a mixture of public, non-governmental, UNRWA, and private (profit and not for profit) service delivery, with a developing governmental health insurance system (Palestine Ministry of Health, 2003). National inputs into health care in Palestine appear to be relatively high. Health outcome indicators for the Palestinian people are comparable to those of other nations with similar economic status. These nations appear to be investing less in health both in terms of per capita expenditures on health and in terms of percent of national product interested in health care delivery. In a study by World Bank (1997) they estimated the per capita health expenditure in West Bank and Gaza skip at 122 US$ in 1996 which means 8.6% of gross domestic product (GDP). For the purpose of comparison, expenditures on health care for neighboring countries (1997) were: Egypt spent 4.8% and Jordan 7.8% and Israel 8.4% (1999) of GDP, with an average annual expenditure of 1384 US$ per person (Palestine Ministry of Health, 2009).

In Palestine, there are 76 hospitals. The population ratio is 45,585 populations per hospital. The average bed capacity per hospital is 63.03 beds. The total number of beds in Palestine is 4792. In West Bank (WB) including Jerusalem, there are 52 hospitals making (68.42%). The population/bed ratio is 723 in Palestine including Jerusalem. Hospital bed/ 1000 population is 1.3 in the comparison with the number of beds in Israel is 2.27 per 1000 population (Palestine Ministry of Health, 2009. The occupancy rate 76.8% and the average cost of hospital bed is 56.8 US$, where the average cost of hospital day is 77.7 US$. The average inhabitant cost from hospital cost is 25.7 US$ (Palestine Ministry of Health, 2009).

The number of physician in primary and secondary care in the West Bank and Gaza is 2897 physicians (1.1 physicians per 1000 population) in 2009. Number of nursing staff was 2161 in 2009 with a ratio of 7.6 nurses per 10.000 populations, l.7 nurses per physician and 0.69 nurses working in hospitals per bed. For the purpose of comparison, the physician to 1000 population for neighboring countries 1999 was Jordan l.54, Egypt 0.77, Syria 0.85, and Israel 2.9 (Palestine Ministry of Health, 2009).

MOH expenditure as percentage of GDP was 3.2% about one third of all health care expenditure are directed toward ministry of health facilities (including capital expenditures), while private providers, non- government organization, and UNRWA making up the rest.

In (2009), about 24.9% of all MOH health care expenditure in Palestine was on drugs, vaccines, and medical disposables, about 57.9% of MOH budget and nearly half of all expenditures in UNRWA and the non-governmental sector consisted of wages, salaries, and other forms of employee remuneration. Finally, about 6.4% and 10.8% of total MOH health expenditures were on referral for special treatment and other operating cost respectively (Palestine Ministry of Health, 2009).

The deduction is to be made here is certainly not that "no further increase in inputs into

health care are required"! Considerable investment will certainly be needed. It is rather that, the mainstay of improvement program should be a plan of action directed at better utilization of existing resources and future investments. This can lead to improvements irrespective of any future investment, or of its size. Several factors affecting the quality of health care. These can be categorized into three main groups: First, inputs into health care: investment in health care, human resources in the health care sectors, facilities, equipment and supplies. In Palestine, there does not appear to be problem for poor investment of inputs into health care. Quite the contrary, input are relatively high. National expenditures on health care are in excess of what is expected from an economy such as that of Palestine. Deficiency in inputs cannot be the answer to the poor quality of health care in Palestine. Second, response allocation, improper allocation of health resources: into relatively cost- effective program or the contrary. This is difficult to assess with available data. However, given the relatively large number of community-based practices and their staffing (particularly UNRWA and NGO services) together with the high immunization coverage as an example, it does not appear that the effective health care measures are neglected. Any assessment of the health services in Palestine leaves no doubt that there is a big room for more effective resource allocation. It appears unlikely that ineffective resource allocation is the major contributor to the poor quality of health care in Palestine. Third, the efficiency of the delivery of health care: the degree to which there exists, or does not exist, duplication of efforts, re-work, unnecessary work and spending, and other different forms of waste in the system. Efficiency is a measure of the inputs invested in a system to the outputs obtained from that system. It is clearly not possible to quantify this on a national scale. However, the issue of efficiency may be approached in a conceptual sense. In the health care sector in Palestine, the investment in inputs is higher than what would be expected for the obtained outcomes. Furthermore, given the high percentage of GDP spent on health care, increased inputs premises, redistribution of resources, cannot possibly be suggested as a solution for improving health care quality. In other words, there appears to be an over-investment leading to outcomes that are normally, achievable with less investment. The real problem seems to be a poor inefficient system of health care delivery.

Review of Previous Literature:

Over the last 30 years, a lot of conceptual and empirical research has been done towards the 'transfer problem' in training. The following is a quick overview of the most important studies in this field:

Baddad (2011) The study aimed to examine the reality of training at the departments of the Ministry of Public Works and Housing in terms of programs and mechanisms, identification of work requirements and updates, as well as the impacts of training programs offered by the Ministry on the Information, expertise and skills of its staff, and to find out if these impacts vary based on sex, educational qualification, job title, years of experience and the department at which the member of the supervisory committee works, in addition to the follow up and the most important obstacles that face the training process and the identification of proposals that may improve the level of this process from the supervisory parties' perspective. the researcher used the descriptive approach, where he designed a questionnaire included (118) items distributed to five areas and enjoyed a credibility and stability degree reached (0.98). the study results showed that most of the implemented training programs at the Ministry of Public Works and Housing were specialized programs serving most of the staff of various departments such as Central

Procurement Department (Project Management) and Financial Resources Department (public money), and other training programs concerned with project follow up and assessment, staff capacity building in the field of communication skills. Furthermore, the study results showed that most of the mechanisms used in the preparation of the Ministry's training programs were related to coordination and follow-up, including cooperation with the Ministry's competent departments, networking with other ministries, in addition to coordination with training centers and international organizations. Other mechanisms were also specialized in work requirements such as job analysis (professions), their requirements, and the identification of points of strengths and weaknesses in performance (performance efficiency reports). The study results have also clarified that the most important requirements and developments required for jobs at the Palestinian Ministry of Public Works and Housing are health and safety, employee's ability to diagnose weaknesses in the work and to treat them, management of correspondence and report writing skills, decision-making capacity, the initiative of the employee to carry out new tasks and, finally, the ability of negotiation and persuasion. The study, moreover, showed that the most important impacts of training programs on the employees knowledge, experience and skills were developing the employees efficient performance, assisting them to use new skills linked to the progress of work, increasing their motivation to engage in their jobs and empower them to use computer and internet technology in line with the developments of the era. However, there were many obstacles restricting training programs, conducted for the staff of the Ministry of Public Works and Housing, to meet work requirements and developments. Those obstacles, according to the supervisory parties, are represented by the lack of qualified trainers to implement the training, the routine at the various levels within the Ministry, the lack of training integrated plans in addition to the relative rigidity of regulations and rules governing work organization. Consequently, the most important proposals that could improve the role of training programs to meet work requirements and developments, according to the supervisory parties, are: objectivity in nomination for the training courses, provision of human cadres to train staff within training plans and strategies, attraction of efficient experts to train the employees as well as allocating a sufficient budget for training. The study found that there are no statistically significant differences at the level of statistical evidence ($0.05=\alpha$) between the average answers of the respondents concerning the impacts of training programs on the employees of the Ministry of Public Works and Housing in terms of knowledge, experience and skills according to each of sex variable, qualification, job title, years of experience and the public administration at which the member of the supervisory party works. It was also found out that there is a positive statistical correlation between work requirements and developments and the impacts of the training courses on knowledge, experience and skills of the staff, from the supervisory parties' perspective. the researcher presented a number of recommendations the most important of which are the enhancement of training programs and mechanisms to serve all categories and taking the necessary steps by the Ministry to promote the skills of staff at knowledge, administrative, technical and technological levels through regular professional and specialized training courses for the staff due to the impact of such courses on raising staff efficiency.

Willem Elbers 2010, This study investigates the effect of learning, training, and work environment characteristics on the transfer of knowledge, skills, and attitudes (KSA) from a classroom situation to a work situation, also known as transfer of training. The study was carried out in the technical project-based company Vanderlande Industries (VI) and aimed to address the following research question: "How to organize the input characteristics (i.e.

learning characteristics, training characteristics, and work characteristics) in order to improve the application of learned KSA in the work setting". Findings showed that the highest transfer performance is achieved when trainees participate in training programs with intensive feedback during training, interactive training methods and a longer training length. Before training, trainees should obtain realistic training expectations through clear specific goal setting and sufficient provision of training information in order to achieve good training outcomes and consequently better transfer results. Directly after the training program, trainees should be fulfillment in their training expectations and trainees should have the expectation that effort devoted to transferring learning will lead to changes in job performance. In addition, the support, involvement, and coaching from supervisor and colleagues after the training program play an important role in the applicability of learned knowledge and skills in the work setting.

M. Abozed1, Y. Melaine and K. Saci (2008): the study focused on trainees' perception of the work environment in developed countries, the study insisted on the role of work environmental factors, as perceived by the trainees and supervisors, can impact on the trainees' skills when being applied to the job. It is the positive role of organizational culture that represents value in the transfer of training, especially when it is used as an indicator to determine the differences in the effectiveness of the transfer of training between different environments. The study argue that work environmental factors could play a key role in the understanding of transfer of training. This part of the study examines certain factors that could support transfer of training in the Libyan Oil Industry in order to obtain clarification of the current status for the influence of work environmental factors upon motivation to transfer of training. 1) Work environmental factors toward motivation to transfer Peer support: Co-operation is existent between the employees and their colleagues with regard to guidance for the application of skills in all cases. Supervisor's support toward motivation to transfer: supervisors generally supported motivation to the transfer of skills; it was found positive regarding transfer in the majority of companies (such as National Oil Corporation, Waha, Millita Oil and Gas and Akakus) while in the other cases (Mabruk company and Weatherford company) the support from supervisors after training was based upon two aspects: the first one, using daily report for identifying trainees who need support, the second one, a supervisor's experience which identifies positive or negative support from the supervisor personal outcomes. However, trainees did not receive additional benefits when they applied skills which they had learned from training on the job. But there was a high degree of applying training on the job which created positive outcomes for most cases (such as National Oil Corporation, Millita Oil and Gas, Akakus, Waha and Weatherford) while there are no positive outcomes in one case only (Mabruk). Supervisor sanctions: In the majority of cases (National Oil Corporation, Millita Oil and Gas, Akakus, Mabruk and Weatherford) no importance was given to financial sanctions or reprimands as reaction from supervisor toward negative motivation. There were important bases creating positive climate for relationships between management and their trainees toward motivation to training transfer in two cases (National Oil Corporation and Weatherford). However, bases of relationships between trainees and their leaders in the other cases (Waha, Millita, Akakus and Mabruk) were somewhat limited. Trainees' motivation into the work environment: trainees' motivation into the work environment showed that there are significant differences between companies in the process of the influence of work environmental factors on motivation to transfer where there were both positive and negative motivations

Sameer Abdelkarim Khasawneh (2004): This study validated the constructs of the LTSI for use in Jordan. By doing so, HRD practitioners in Jordan can use such instrument to diagnose early problems with learning transfer, the key to training effectiveness and individual performance. The LTSI was translated through a rigorous cross-cultural translation process, which involved forward and back translations, pilot testing, and the establishment of equivalency using objective measures of evaluation. The ALTSI was administered to 500 employees employed by 28 public and private sector organizations operating in Jordan who have attended nine different types of training. Responses were received from 450 employees with a response rate of 90%. The results showed that 18 factors were valid for use in Jordan. The reliabilities of these factors ranged from 70 to 87 with the exception of three factors. The study also investigated the perceptions of transfer system characteristics across selected individual variables (gender, age, levels of education, and years of experience) and situational variables (types of training, choice of training, sector of the organization, and task of the organization). The results suggested that the learning transfer system perceptions differed across the individual variables (except for gender and age) and the situational variables. Private organizations and the technical sector appeared to have the strongest transfer system. Moreover, employees were more prone toward voluntary training domain and the organizational learning domain, thus expanding their nomological network. The learning transfer systems explained a significant portion of the total variance in each measure of organizational learning. Results suggested that higher levels of learning transfer were associated with higher levels of organizational learning.

B. Comm, (2009): this study focused on Investment in Continuing Medical Education (CME) is likely to increase as physicians strive to keep up with the professional demands of the medical field through lifelong learning. Physicians' transfer of learning takes place when they apply learning from CME programs to improve their clinical performance and ultimately patient outcomes. However, major discrepancies between physicians' actual and ideal performance exist which raises uncertainty on the role of CME (Mansouri & Lockyer, 2007) and the need for educators and trainers to re-examine physicians' transfer. The purpose of this study was to explore physicians' transfer of learning from CME programs into their practice at a large hospital in the US Midwest region. A case study research design was used. Nine physicians participated in this study. Data were collected through document review, in-depth semi-structured interviews and observations. Qualitative data were analyzed by obtaining emergent themes. Findings showed that some of the transfer-related factors in Holton's model were applicable to the physician context: (a) relevance of the CME program to the physicians' practice was critical to their attendance and application of learning; (b) follow-up and program materials were important to prevent relapse; (c) physicians were motivated to transfer learning if they attended programs that were potentially useful in their practice; (d) attendance at programs boosted the physicians' confidence and practice; (e) physicians had various opportunities to apply learning from CME programs into their practice; and, (f) support from peers was vital for discussion and integration of new learning into practice. To further realize the impact of the Holton model in the physician context, physicians may need to be viewed as "sole proprietors" of their practice with (a) closer proximity to their practice; (b) more direct authority over their transfer of learning capabilities; and (c) greater authority over their learning process, compared to employees in traditional organizational settings. Pedagogical considerations given this new outlook on physicians involve enhancing the

program relevance to the physicians' practice; improving program structure to include expert speakers and periods for social interaction; and, being attentive to the physicians' "time crunch". Implications for instructional designers, presenters, evaluators and institutional administrators are discussed.

Daniel J. Williams 2008: A meta-analysis of 34 studies was performed to explore the magnitude in which work environment manipulates training transfer. The independent variables for this study included supervisor support, subordinate support, peer support, transfer climate, relapse prevention, goal setting, continuous learning culture, task constraints, and frequency of use. These variables were analyzed independently to compare their correlation to training transfer. These variables were also combined together (minus goal setting and relapse prevention) into a group called environmental support to compare overall organizational support to goal setting and relapse prevention. Finally, this study performed a moderator analysis to compare the effect these independent variables had on management and non-management training; and self-reporting versus supervisor or peer reporting; and training versus development. Results revealed that relapse prevention (.65) had the highest levels of correlation of all independent variables to training transfer. The results also showed that managerial training (.32) had higher levels of correlation to training transfer as compared to non-managerial training (.20). Self-reporting (.28) showed higher levels of training transfer than did supervisor or peer reporting (.16). Training (.30) showed higher levels of training transfer compared to development (.16).

Shahril Bin Baharim (2008): This study aimed to discuss understanding of transfer of training variables and how they affect trainees' motivation to transfer their training. Further, as the role of training has progressively changed from a focus on programs to a broader focus on learning, creating and sharing knowledge, this thesis tests the hypothesis that knowledge sharing behavior influences a trainee's motivation to transfer their training. Using a research framework constructed from an adaptation of two key Human Resource Development models (Holton 1996; Holton et al. 2000) and the theory of planned behavior (Ajzen 1991), this thesis explores the contention that trainees' motivation to transfer training is influenced by a number of secondary influence variables, expected utility variables, transfer climate variables, enabling variables and ability variables as well as the variables associated with sharing behavior. Through a questionnaire administered to 437 government employees attending training programs in the National Institute of Public Administration, a central training organization for government employees in Malaysia, the thesis created an empirical database from which to study the phenomenon of transfer of training. This work culminated in the development of a structural model for motivation to transfer training which incorporates knowledge sharing behavior and extends our understanding of the operation of the precursors to motivation to transfer. The findings of this thesis has an impact on HRD functions in the Malaysian public sector at two broad levels: pre-training and post-training. The thesis makes a contribution to both HRD practice by detailing the sorts of HRD activities which will enhance transfer of training and secondly, makes a contribution to theory through the creation of a new model of motivation to transfer training which features knowledge sharing behavior.

Shirley (2007): This study which aimed at focusing on the United States Air Force is in a state of transformation. Due to ongoing operations in Iraq and Afghanistan, the focus of Basic Military training is shifting to basic combat skills, or the skills needed to survive and operate

in a hostile environment. In this study, basic combat skills training was evaluated using a number of training factors that potentially affect trainees' perception of training transfer, or their ability to apply the skills they learned in training on the job or in a hostile environment. The analysis used structural equation modeling to evaluate the paths between each of the factors and perceived training transfer. Of the factors analyzed, transfer enhancing activities and perceived utility were found to positively influence perceived training transfer for all training types, while organizational support for training was positive for Law of Armed Conflict training only. Deployment experience was positive for weapons training, but negative for self-aid and buddy care. Realistic job preview was positively related to training transfer, but was only significant with respect to Self-Aid and Buddy Care training.

Sarah E. Hobbs (2005): This research specifically investigates how influences/ attitudes/ beliefs of LRO technical school graduates regarding their training influence their perceptions about the transfer of such training back to the job. This study aimed at discussing the training transfer as a concern within the US Air Force, and specifically within the logistics readiness domain as the new career field and logistics readiness officer technical school mature. This study employs a survey-based methodology and the use of Structural Equation Modeling (SEM) for data analysis. The results of the research show that influences such as intrinsic incentives, organizational commitment, pertaining to motivation, training reputation, subordinate/supervisor support, task constraints, and transfer enhancing activities have a significant relationship with training transfer. Not only does the research illuminate important influences on training transfer for the LRO, but it may also aid in directed efforts to improve and enhance the LRO technical school curriculum and experience. This research has also helped build support for existing theories of the influences on training transfer by expanding into a military context and by providing a unique opportunity to study such theories within a new training program scenario.

Joni Kay Barnard, (2005) The purpose of this study is to determine the effects of a near versus far transfer of training approach on trainees' confidence to coach related and unrelated tasks. Based on the conditions identified in the literature for near and far transfer to occur, the study will examine whether trainees' who are trained using a far transfer of training approach have equal confidence to coach related and unrelated tasks. In addition, it will investigate if trainees' who are trained using a near transfer of training approach have greater confidence to coach related tasks and lower confidence to coach unrelated tasks. Further, the study will look at trainees' general self-efficacy prior to training and their learning because of the training. Two instruments were developed to measure the variables. A transfer-coaching questionnaire measured trainees' level of confidence and a behavior rating scale measured trainees' learning. Data was collected over a period of two days during four training sessions at two collection points either immediately before or immediately after the training sessions. The results showed that supervisors who were trained using a far training transfer approach had equal confidence to coach both related and unrelated tasks. The results also showed that supervisors who were trained using a near training transfer approach had greater confidence to coach related tasks and lower confidence to coach unrelated tasks. Further, the results showed that supervisors who were trained using a far training transfer approach and those who were trained using a near training transfer approach acquired similar levels of knowledge because of participating in training and had similar levels of general self-efficacy prior to the training. This study provides several implications for future research important to the theory and practice of HRD.

Derk-Jan J.M. Nijman, (2004) This study aimed at discussing the effect of supervisor support on transfer of training. One of the best-known and most widely used ways to improve employee performance in organizations is the use of corporate training. Therefore, the effects of training are of major interest to both scholars and scientists in the field of human resource development. The results of research indicate, however, that the actual levels of transfer of training programs to the workplace often do not match those intended. An important part of research on transfer has been carried out on the influence of trainees' work environment, with one of the main assumptions being that support from supervisors significantly affects trainees' transfer outcomes. Little evidence-based knowledge exists, however, about the relationship between supervisor support and transfer outcomes. In order to gain a deeper empirical insight into the relationship between supervisor support at the workplace and subordinate trainees' transfer outcomes, it was decided to carry out this study.

Based on a review of the transfer of training literature, we can conclude that there are significant gaps in the empirical literature for training transfer. Some studies have stressed the importance of several factors including organizational environment factors, training design, trainees and trainers. The current study befitted from efforts in determining the most important factors that is related to transfer of training. Moreover, it also benefited from the statistical treatment used by these studies in which they employed regression analysis and factor analysis (principal component analysis. Moreover, most of the previous efforts in transfer of training suggest the need for studies to investigate the impact of these issues on the transfer of training process. Thus, considering the main influences on transfer of training previously identified by Holton (1996,2005), this study aims to contribute to the theory of training transfer by empirically analyzing how different sets of variables simultaneously influence the transfer of training (Raquel Velada, 2007).

Methodology:

Study Design:

This research is a quantitative design utilizing a survey method. This survey method involves the use of a self-administered questionnaire designed to gather specific data via a self-reporting system. The framework is based on the factors derived from previous studies e.g. Broad and Newstrom (1992), The literature review in Chapter two provides the theoretical and empirical base for this study. The questionnaires allowed for confidentiality, in an effort to encourage more honest responses. The study was conducted at four governmental hospitals in North West Bank (Rafedia, Al-Watani, Jenin, and Thabit-Thabit hospital).

Population & Sample of the Study:

The population of the study was composed of all health workers in public hospitals in northern Palestine (Nablus, Tulkrem, Jenin, Qalqilay, and Salfeet). The selection criteria excluded all Governmental hospitals workers who are enrolled in administrative jobs. In addition, those who do not work in the northern west bank and governmental hospitals workers. The sample consisted of all of the study population who were (690) health workers. The researcher managed to distribute the study instrument on the entire study sample, and he managed to retrieve (486) valid questionnaires, with a response rate of (70.43%). The population for this study was deemed appropriate because health workers in public hospitals are first responders in emergencies, and it is highly important for them to transfer the skills and knowledge learned in training to on-the-job situations. The survey instruments were

administered to health workers at the time of data collection. Table (1) shows that about one-third (43.5%) of the Governmental hospitals workers were from Nablus district, (26.8%) were from Jenin district, (16.7%) were from Tulkarem district and less than one fifth (12.8%) of Governmental hospitals workers were from Qalqylia.

Table (1) Distribution of the Study Sample According to the Study Variables

Variable	Level	N	%
District	Nablus	190	39.1
	Jenin	198	40.7
	Tulkarem	78	16.0
	Salfeet	8	1.6
	Qalqila	12	2.5
Education Level	less than secondary education	22	4.5
	Diploma	132	27.2
	B.A	188	38.7
	M.A	34	7.0
	PhD	110	22.6
Years of Experience	less than 5 years	188	38.7
	5-less than 10 years	122	25.1
	10-less than 15 years	84	17.3
	more than 15 years	92	18.9
Marital Status	married	336	69.1
	single	148	30.5
	otherwise	2	.4
Gender	male	220	45.3
	female	266	54.7
Training Courses	non	154	31.7
	2-4 courses	206	42.4
	More than 5 courses	126	25.9
Specialized Training Courses	took courses	302	62.1
	Did not take any courses.	184	37.9

Instrumentation:

After conducting an extensive literature review on training transfer (Burke & Baldwin, 1999; Clemenz, 2001; Cromwell, 2000; Hicks, 2006; Sekowski, 2002), data were collected via complementary questionnaire developed in native language of respondents (Arabic), that consist of (60) items covered five factors that is related to training transfer (organizational culture, work climate, trainees, trainers, and training design). The questionnaires consist of four parts:

– The first part of the questionnaire included a description of the study objectives and the importance of the study. Moreover, this part assured that the confidentiality of the information.

– The second part collects demographic information including (district, education level, years of experience, job title, marital status, gender, number of courses, place of training)

– The third part includes (25) items constructed in a close –ended statements on a seven –Likerat scale in which (7 = strongly agree, 6 = somehow agree, 5 = agree, 4 = neutral, 3 = somehow disagree, 2 = disagree, 1 = strongly disagree). It covers five factors that are related to training transfer (organizational culture, work environment,) about governmental hospitals workers.

Reliability Test:

To ensure the reliability of each factor, Cronbach's coefficient alpha was estimated to test the internal consistency among the items included in each of the formative scales. The resulting alpha values for the study domains range from (Y = 0.72), which are acceptable according to Nunnally and Bernstein's (1994) guidelines for exploratory research, making all factors reliable.

Table (2) Cronbach's Coefficient Alpha Reliability Test of the Internal Consistency among the Items Included in Each of the Formative scAles.

Factor	No. Items	Items	Cronbach's Coefficient Alpha
Organizational culture	15	1-15	0.72
Work climate	10	16-25	0.72

Content Validity:

Content validity deals with how representative and comprehensive the items are in creating the scale. It is assessed by examining the process by which scale items are generated. Content validity in this study should be relatively acceptable since the various parts of questionnaire were all based on the literature review and on the opinions of several experts who examined the items. As suggested by Cooper and Schindler (2003), a panel of experts are interviewed to judge how well the instrument meets the standards. Thus, the researcher conducted independent interviews with experts who had more than five years experience in quality management. The panel was asked to comment on the length of the instrument, the format, and the wording of the scales. They suggested that the procedure and Arabic translation of the questionnaire were appropriate, with minor modifications in the translated version of the questionnaire.

Statistical Package for Social Science (SPSS) version 17 was used for data analysis. Various statistical processes were used including means, frequencies, regression were used to determine variation significance. Moreover, factor analysis (principal component analysis) used to determine the most important factors. A P-value of less than or equal to 0.05 was used to test the significance of the study hypothesis.

Ethical Issues:

Permission to conduct this study was obtained from the Palestinian Ministry of Health in Ramallah. In addition, governmental hospitals workers were informed about the purpose of the study before conducting the interview and were told that their participation will be voluntary.

Study Results:

This part process participants' responses on factors affecting transfer of training within the work environment from the perception of Palestinian government hospitals it studies two domains, specifically speaking, this part aims at answering the following question:

Q1: What are the factors affecting transfer of training within the work environment (organizational culture, work climate) from the perception of Palestinian government hospitals in northern West Bank?

To answer the study questions, descriptive analysis prepossess were computed (mean, standard deviation, and percentages) for each item,, and their respective domain and total score.

Organizational Culture:

Results in table (3) indicate that the factor of organizational culture affects in a high degree transfer of training within the work environment from the perception of Palestinian government hospitals M=5.073, SD=0.69, 72.48%). Items (1, 4, 7, 8, 14) indicate that language, unnecessity of financial rewards, enhancing performance, and the ability of training to change work reality received a very high degree of response. This reflects that cultural factors play a significant role in the transfer of training process. While items (5, 6, 9, 10, 13, 15) received a high degree of response. This reflects that the influence of relations with supervisors, colleagues, and other leading people in the training process also play a significant role in the transfer of training process. Further, items (3, 11, 12) received a moderate degree of response, Which reflects that the influence of gender, direct opposition, colleagues encouragement play a moderate role on the transfer of training process.

Table (3): Mean, standard deviation, and percentages of each item, and total score of organizational culture factor affecting transfer of training within the work environment from the perception of Palestinian government hospitals.

No	Items	M	SD	Percent	Degree
1.	Language factors in training have a great effect on my performance.	5.98	1.211	85.43	Very High
2.	I focus on the financial return in comparison to knowledge and experience in training.	3.55	1.853	50.71	Low
3.	Due to gender factor, I have a greater opportunity to participate in training programs.	4.66	1.785	66.57	Moderate
4.	I'm ready to join training programs even if it is without any rewards or incentives.	5.61	1.427	80.14	Very High
5.	Training process and selection are influenced by other unrelated factors such as social relations and relatives in decision-making area.	5.45	1.599	77.86	High
6.	My relations with other help me in applying what I have learned.	5.40	1.326	77.14	High
7.	Training for me is a goal to better performance.	6.15	1.178	87.86	Very High
8.	Training for me is a mean to better performance.	6.07	1.217	86.71	Very High
9.	Transferring what I have learned during training is influenced by relations with my colleagues.	5.06	1.684	72.29	High
10.	Transferring what I have learned during training is influenced by relations with my superiors.	5.19	1.717	74.14	High
11.	I face opposition during the application of skills and knowledge I leaned.	4.28	1.583	61.14	Moderate
12.	My colleagues support and praise me when I apply what I have learned in training.	4.83	1.590	69.00	Moderate
13.	Training for me is a type of social support for my profession.	5.13	1.491	73.29	High
14.	Training will change the work reality.	5.77	1.770	83.86	Very High
15.	Training is an opportunity to visit other countries and learn about new places.	4.99	1.690	71.29	High
	Total Score of Organizational Culture	**5.073**	**.69726**	**72.48**	**High**

* Maximum point of response (7) points.

Work Climate Domain:

Results in table (4) indicate that the factor of work climate affects in a moderate degree on transfer of training within the work environment from the perception of Palestinian government hospitals (M=4.5893, SD=.85514, 65.56%). Item (16) indicates that work pressure received a very high degree of response. This reflects that pressure in work climate factors plays a role in the transfer of training process. While item, (25) received a high degree of response. This reflects that the influence of the wish to participate in the decision-making process plays a role on the transfer of training process. Further, items (17, 19, 20, 22, 23, 24) received a moderate degree of response, this reflects that the influence of practicing learned skills, risks associated with practicing new skills, and promotion opportunity play a moderate role in the transfer of training process. On the other hand, items (18 and 21) received a low degree of response, which reflects that the influence of time and punishment associated with practicing new skills play a low role on the transfer of training process

Table (4): Mean, standard deviation, and percentages of each item, and total score of organizational culture factor affecting transfer of training within the work environment from the perception of Palestinian government hospitals.

No	Items	M	SD	Percent	Degree
16.	I feel that work pressure impedes applying the training skills that I have learned during training.	5.60	1.307	80.00	Very High
17.	Work environment provides me with an opportunity to practice what I lack of skills and knowledge that I have been trained for.	4.63	1.701	66.14	Moderate
18.	I have enough time to apply the new skills and knowledge I have learned during training in work environment.,	4.04	1.672	57.71	Low
19.	I feel discouraged since I am not able to implement what I have learned in training.	4.88	1.558	69.71	Moderate
20.	I feel that there are some risks associated with practicing new skills and will be accounted if I fail.	4.37	1.615	62.43	Moderate
21.	I feel that I will be punished if I apply new skills at work.	3.57	1.678	51.00	Low
22.	I feel I will not be rewarded if I apply new skills.	4.65	1.701	66.43	Moderate
23.	Work environment provides me with a good opportunity to practice what I lack of skills and expertise that I have been trained on.	4.51	1.693	64.43	Moderate
24.	Trainees who apply new skills that they were trained on will have a good chance of getting promotion.	4.70	1.550	67.14	Moderate
25.	Training increase my participation in decision making.	4.94	1.477	70.57	High
	Total score of work climate	4.5893	.85514	65.56	Moderate

* Maximum point of response (7) points.

Testing the Study Hypothesis.

The second part is dedicated to testing the validity of the study hypothesis, and to test the effect of the factors of (organizational culture, work climate) in affecting transfer of training within the work environment from the perception of Palestinian government hospitals.

H0: There are no significant effects (α≥0.05) of (**organizational culture, work climate,**) in Palestinian public hospitals operating in northern West Bank on training transfer from the perception of workers in Palestinian Government Hospitals.

Scale	Mean	Std. Deviation	N
Training transfer	4.7723	0.61871	486
Organizational culture	5.0735	0.69726	486
Work climate	4.5893	0.85514	486

Table (5) Pearson Correlation matrix of factor affecting transfer of training within the work environment from the perception of Palestinian government hospitals.

Correlations		Training Transfer	Organization Culture	Work Climate
Pearson Correlation	Training transfer		0.653**	0.708**
	Organizational Culture			0.570**
	Work Climate			
Sig. (1-tailed)	Training Transfer	.	.000	.000
	Organizational Culture	.000	.	.000
	Work Climate	.000	.000	.
N	Training Transfer	486	486	486
	Organizational Culture	486	486	486
	Work Climate	486	486	486

** Correlation is significant at the 0.01 level (1-tailed).

A multiple regression analysis was used to test this hypothesis by regressing the dependent variable transfer training against the predictor/independent variables. Table (13) shows the linear composite of the independent variables entered into the regression procedure shows that there is a strong and positive correlation between the training of transfer factors, in relation to training transfer. The study results show that there is a strong and positive correlation r = 0.65 between organizational culture and training transfer; and work climate scale which accounts for 59.2% of the training transfer.

Moreover, there are significant effects of the organizational culture and work climate on the training transfer (p value=0.000 Hence we reject the null hypothesis and accept the alternative hypothesis that there are significant effects (p value = 0.00) of (**organizational culture, work climate)** in Palestinian public hospitals operating in northern Palestine on training transfer from the perception of workers in Palestinian Government Hospitals.

Table (6) Modal summer of factors of organizational culture, work climate in Palestinian public hospitals operating in northern Palestine on training transfer from the perception of workers in Palestinian Government Hospitals

Model Summary b										
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics					Durbin-Watson
					R Square Change	F Change	df1	df2	Sig. F Change	
1	.771a	0.594	0.592	0.39504	0.594	353.329	2	483	0.000	1.890

a. Predictors: (Constant), organizational culture, work climate
b. Dependent Variable: training transfer

Table (7) One way analysis of variance of factors of organizational culture, work climate in Palestinian public hospitals operating in northern Palestine on training transfer from the perception of workers in Palestinian government hospitals

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	110.280	2	55.140	353.329	0.000a
	Residual	75.376	483	0.156		
	Total	**185.657**	**485**			

a. Predictors: (Constant), organizational culture, work climate   b. Dependent Variable: training transfer

Coefficients												
Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.	95.0% Confidence Interval for B		Correlations			Co linearity Statistics	
	B	Std. Error	Beta			Lower Bound	Upper Bound	Zero-order	Partial	Part	Tolerance	VIF
1 (Constant)	1.456	0.134		10.83	.00	1.192	1.720					
Organizational culture	0.328	0.031	0.369	10.46	.00	0.266	0.389	0.65	0.43	0.30	.675	1.48
Work climate	0.360	0.026	0.498	14.12	.00	0.310	0.411	0.70	0.54	0.40	.675	1.48

a. Dependent Variable: y

Discussion:

Discussion of the Study Results:

This chapter will discuss the study results and their implications. Moreover, this study was an effort to highlight the main factors that lead to training transfer. Identifying training transfer factors is an important part in preventing complications of developing good training models.

Organizational Culture:

Items related to organizational culture such as language, unnecessity of financial rewards, enhancing performance, and the ability of training to change work reality received a very high degree of response, which reflects that cultural factors play a high role in the transfer of training process. On the other hand other items related to influence of relations with supervisors, colleagues, and other leading people in the training process also play a high role in the transfer of training process. Further, organizational culture items including the influence of gender, direct opposition, colleagues encouragement play a moderate role in the transfer of training process. Overall, results of the study indicate that the organizational culture factor affects in a high degree the transfer of training within the work environment from the perception of Palestinian government hospitals in northern Palestine.

The results of this research demonstrate the importance of organizational culture, and the influence of the work environment on transfer of training. The results for this study indicated that organizational culture, which assessed how applicable the training was to the job, positively influenced transfer of training. These results reinforce the notion that hospitals should be aware of how well the content of the organizational culture, in terms of the use of activities, examples and exercises, is focused on the application of on-the-job learning.

Work Climate:

Study results indicate that items related to work pressure received a very high degree of response, which reflects that pressure in work climate factors plays a very high role in the transfer of training process. While items related to the influence of the wish to participate in the decision making process play a role in the transfer of training process received a high degree of response. Further, items reflects the influence of practicing learned skills, risks associated with practicing new skills, and promotion opportunity play a moderate role on the transfer of training process. On the other hand, items reflecting the influence of time and punishment associated with practicing new skills play a low role in the transfer of training process and received a low degree of response. Overall, the factor of work climate affects in a moderate degree the transfer of training within the work environment from the perception of Palestinian government hospitals (M=4.5893, SD=.85514, 65.56%).

The results of this study reinforce the role of work environment (Ford et al., 1998) and performance feedback (Reber & Wallin, 1984) on the explanation of training transfer.

The study results reveal that from the factors taken in the study, organizational culture and work environment were the most significant factors that influence the training transfer in Palestinian public hospitals. It is important for organizations to create environments that support the transfer of newly trained health workers to the work environment. This agree with previous studies that showed that trainees should feel that they will receive the support and feedback necessary regarding their performance from the organization, supervisor and co-workers in order to effectively transfer the training. One way this can be accomplished is by creating a climate in which all employees perceive that training is an important aspect of organizational life that will help employees become productive members of the organization (Baldwin & Ford, 1988; Tracey et al., 1995).

Discussion of the Second Questions:

The results of factor analysis showed that the five factors accounted for 78.9 per cent of training transfer explained, each containing the average of the items loading.

Work environment (work climate and organizational culture) accounted for 59.2% of the training transfer. The work environment takes the indirect source of transfer problem because these factors represent an indirect source and affect training transfer problem.

Discussing the Results of the Study Hypothesis:

H0: There are no significant effects ($\alpha \geq 0.05$) of **(organizational culture, work climate)** in Palestinian public hospitals operating in northern West Bank on training transfer from the perception of workers in Palestinian Government Hospitals.

Study results show that there is a strong and positive correlation between the training of transfer factors **(organizational culture, work climate)** in relation to training transfer. The study results show that there is a strong and positive correlation r= 0.65 between organizational culture and training transfer; this improves by 16.8% when we include work climate. Hence we reject the null hypothesis and accept the alternative hypothesis that there are significant effects (p value = 0.00) of **(organizational culture, work climate)** in Palestinian public hospitals operating in northern West Bank on training transfer from the perception of workers in Palestinian Government Hospitals.

Theoretical and Practical Implications:

Results from this study have potentially important implications for future research and practice. In general, the results of this research argue for examining all aspects of the training process when conducting research on transfer of training. Hence, these results provide empirical evidence to the aforementioned theoretical models (e.g. Baldwin & Ford, 1988; Holton, 1996, 2005; Kavanagh, 1998) suggesting that transfer of training is impacted by the organizational culture, work environment, training design, trainees and trainers factors such regarding post-training job performance.

Future research should examine pre-training factors in a similar study in order to determine if the combined factors provide better prediction of transfer of training. As indicated earlier, without the effective transfer of training from the training context to the hospital environment, the costs and time spent in training is simply wasted.

An interesting aspect of the findings of this study is a comparison with previous research using a different methodology (Baldwin & Ford, 1988; Lance et al., 2002; Rouiller & Goldstein, 1993; Tracey et al., 1995), as well as using participants from a country other than the United States. Most of the cited transfer of training research has used pre-post designs using a sample from the United States, whereas this study used a post-test design with a sample from Palestinian public hospitals. Thus, the different results generated could also be attributed to these cultural differences.

More important, however, are the similarities in findings between this study and those done in the United States and other places. Regarding implications, the results from this study provided some validation evidence for the other training transfer models. As noted in the hypotheses testing, the results of this study found strong relationships between models of training transfer dimensions and transfer of training.

Based on the results of this study, we can argue that for hospitals to maximize their return on investment with regards to training transfer and to increase work performance, they need to focus on all related factors determinants of transfer of training: organizational culture, work environment, training design, trainees, and trainers. The study results show that hospitals need to ensure that training is designed such that it matches the ability level of trainees. This will help ensure that trainees have the ability to learn the training material, and utilize the knowledge and skills accrued during training outside of the learning environment.

Limitations:

There are several limitations to this study. the access to a variety of public hospitals was not easy. Availability of resources to support the study had to be present to make appropriate health workers subjects available and for job pressure purposes. The study's findings were based on public hospital health worker self-reported perceptions, which is unavoidable as it is impossible to observe application on the job and, as with any self-report approach, the subjects may have overestimated or underestimated the perception of factors influencing transfer of training. it could be possible that there are other unknown factors not identified that might have affected the degree of transfer. Fifth, the results of the study may be generalized only to those with similar characteristics held by participants. Finally, validity of the study relies on participants' honest responses to the questionnaires.

Conclusions:

This study attempted to fill this gap by analyzing the influence of these determinants on training transfer. The findings indicated that organizational culture, work environment, training design, trainees, and trainers are significantly related to transfer of training over time. This suggests that it is important that training researchers and practitioners examine all aspects of the training process when conducting research on transfer of training.

Recommendations:

Results show also that hospitals can improve transfer of training by ensuring that trainees believe that they have the capabilities to successfully learn the new material and utilize their new knowledge, skills and abilities on the job.

- This could be improved by showing trainees that other employees who have received the training have successfully improved their job performance, providing trainees the opportunity to experience mastery of the training material in the training environment and modeling the appropriate behaviors so that trainees can conceptualize how training can be utilized outside of the training context.

- Hospitals could also conduct follow-up assessments after the training to ensure that the training content is retained over the time.

- Training should not be designed with the premise that one size fits all learning styles need to be considered in the design process.

- Organizations need to take into consideration the variety of different training needs. Near training should be used for core technical applications and far training for more general applications. Overtraining can be an effective tool for training retention.

- Post training self-management and relapse prevention techniques can be used to help retain training knowledge. Supervisors play a pivotal role in the successful transfer of training. Pre and post training encouragement and support are vital.

- Supervisors can strengthen the connection between the strategic direction and training. Organizational culture should be supportive of learning, with trainee involvement in determining training initiatives.

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