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Conceptualising the antecedents of employee intentions to transfer training to the job:

An application of the Theory of Planned Behaviour in health education institutions

By

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Copyright Statement

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Abstract

The study explores training transfer by utilising a socio-cognitive psychological theory, the theory of planned behaviour (Ajzen, 1991), to provide an understanding of the antecedents of participants' training transfer intention and behaviour. This theory claims that predictors of transfer can impact employees' transfer intention and behaviour through directly influencing their attitudes towards transfer, perceptions of subjective norms and their perceived behavioural control. The empirical study gathers data from the perspective of faculty members and their supervisors within health education institutions in Oman. Semi-structured interviews were conducted with a total of 95 faculty members and their supervisors in two Health Institutes. The analysis explored participants' perceptions of training transfer within their Institutions and the factors that shaped their perceptions of subjective norms, perceived behaviour control and their attitudes towards training transfer. The findings show that participants perceived opportunity to use trained skills in the workplace as an important factor to influence their transfer. Supervisors are the main referent group perceived to influence participants' transfer behaviour. Findings also show that recognition and resistance contributed towards participants' attitudes towards training transfer. The theoretical contribution of the study is bridging the gap of understanding the training transfer process at the individual level by offering a holistic insight on training transfer behaviour within a specific context utilising the theory of planned behaviour. The study also has practical implications for organisations to plan and manage their training and transfer interventions to positively influence trainees' intention to transfer.

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Chapter 1. Introduction

1.1 Introduction

Different terms are used across disciplines to describe workforce development; for example, on-the-job training, in-service training, professional development, continuous education and retraining (Lyon et al., 2011). Training is one of the widely used forms of professional development aiming to improve individual and organisational performance (Wilson, 2005; Awoniyi et al., 2002). The focus of the present thesis is the professional development of teaching faculty – that is, those in colleges and other higher education institutions. The traditional delivery methods of developing educators encompass either short courses, or workshops. More innovative approaches include longitudinal programmes lasting over 1–2 years, the use of coaching, mentoring and e-learning. Whatever the form of training utilised, significant resources are used by organisations on training and development with the expectations that they will gain the returns in the form of increased productivity at the individual and the organisational level (Awoniyi et al., 2002; Donovan et al., 2001; Yamnill and McLean, 2001).

Training has to be effective to ensure positive outcomes to the individual and organisation. Effective training refers to ‘‘the systematic acquisition of skills, rules, concepts or attitudes that results in improved performance’’ (Goldstein, 1986, p. 3), and ‘‘the benefit that the company and trainees receive from training’’ (Noe, 2009, p. 170). One of the determinants of training effectiveness is training transfer (Aguinis and Kraiger, 2009; Burke and Hutchins, 2007; Holton et al., 2000), defined as the application of training to the workplace (Baldwin and Ford, 1988). Both practitioners and researchers recognise the importance of skill transfer (Holton et al., 2000; Salas and Cannon-Bowers, 2001; Holton and Baldwin, 2003). The focus of this thesis is training effectiveness, and in particular, the factors affecting the successful transfer of training to the workplace.

1.2 Research aim: understanding individual intentions for training transfer using social psychological theory

The researcher being a Head of department in one of the nursing institutes had the opportunity to attend different training programmes with colleagues. The research context of this study involves teaching faculty members within health institutes under the Ministry of Health (MOH) in Oman. Academic roles of faculty members can include: teaching, research, clinical supervision, and administration (Sheets and Schwenk, 1990; Harden and Crosby, 2000; Seintert, 2005). Faculty development programmes typically include: teaching skills and methods, supervision and feedback, assessment and evaluation, goal setting, learning needs analysis, appraisal, portfolios, management of poor performance, team development, management and leadership of educational change, and quality assurance requirements (Swanwick, and McKimm, 2010) which are mostly soft skills. The focus on soft skills for teaching faculty members is consistent with the wider importance of soft skills in the modern organisation (Kechagias, 2011). Like all teachers in different fields, there are challenges facing training and development; for example, an increased number of students, increased workload, and fulfilling different standards (e.g. quality assurance). There are also challenges specific for medical educators like keeping up to date with clinical and teaching advances, increasing regulatory bodies' requirements, and lack of time (McKimm and Swanwick, 2010) which can influence training and training transfer.

The researcher attended varied developmental programmes during the nine years of work within the institute from internal training within the institutes and external national seminars conducted by international experts. Attending internal programmes was mandatory for all faculty and external programmes was on selection bases done by management according to job rank where supervisors had priority. Attending these programmes had a positive impact on the researcher's knowledge and/or skills. This was also expressed by other participants, who attended the same programmes, during discussions about these programmes. However, upon returning to the workplace and in spite of the motivation to implement what was learned, there was a lack of training transfer. The existence of this gap between training and the implementation of what was learned in the workplace, raised a lot of questions about the reasons behind the

lack of training transfer. Questions like what is the actual reason behind the absence of training transfer?; what are the factors affecting training transfer? Is it the selection process of trainees? Is it the training programme itself? Is it the workplace environment? Is it the decisions that trainees take?

Research has identified many different factors as related to or predicting training transfer but many have followed Baldwin and Ford's (1988) model which divided the factors into three main categories: trainee characteristics, training design, and work environment. A recent review study (De Rijdt et al., 2012) compared research on training transfer in higher education with training transfer in management and organisational psychology studies. This study found some similarities because a majority of studies used Kirkpatrick's (1994) evaluation framework, from business and management, when measuring and evaluating training effectiveness like Steinert et al. (2006); Stes et al. (2010); and Weimer and Lenze (1998). In addition, Baldwin and Ford's (1988) framework was the main model used investigating training transfer and the factors influencing the transfer.

Both frameworks have been broadly utilised because of clarity and simplicity but they have also been criticised for not being detailed and therefore, missing essential factors. Recently, research in higher education studies has utilised and compared studies from management and organisational studies (De Rijdt et al., 2012). This research argues that it is important to study related fields (Weimer and Lenze, 1998) and these fields are closest to higher education and have more advanced frameworks when it comes to factors influencing developmental interventions like training. A review by Grossman and Salas (2011) investigated the transfer literature searching for transfer factors that showed a strong and consistent relationship with the transfer process using the Baldwin and Ford framework. Under trainee characteristics they listed cognitive ability, self-efficacy, motivation and perceived utility of training. Training design factors included the use of behavioural modelling, error management, and realistic training environments. Finally, transfer climate, support, opportunity to perform, and follow-up were included under work environment factors.

It was suggested by Laker and Powell (2011) that training content is an important factor influencing training outcome and training transfer (Burke and Hutchins, 2008).

According to them training transfer research has failed to differentiate the type of training investigated, if it is hard skills or soft skills training, which can have a great impact on understanding the effect on transfer and the transfer process. According to Laker and Powell (2011), training transfer literature mainly discusses soft skill training (intrapersonal skills such as self-management; and interpersonal skills such as communication and interactions with others) which according to their anecdotal evidence has a lower probability of transfer to the job when compared to hard skills training (technical skills such as working with equipment, data, or software) (Foxon, 1993; Kupritz, 2002). Ten factors were suggested to be the possible differences between the two types of training affecting their degree of transfer, and these were argued to usually affect transfer of soft skills more than hard skills (Laker and Powell, 2011). These are: prior experience, employee resistance, low levels of individual self-efficacy, complexity in identifying training needs, variations in the trainers and methods used, a lesser extent of immediate proficiency in using training, low managerial support and greater resistance, less immediate and relevant feedback and consequences, organisational resistance, and low resemblance between training and the work environment. Another explanation of low transferability of soft skills was given by Blume et al.'s (2010) meta-analysis. They suggested that open (or soft) skills have a stronger relationship with most predictors (like pre-training self-efficacy, motivation, and the environmental context) compared to closed skills (hard skills).

In addition to considering antecedents of transfer of training, research has suggested that trainee motivation mediates the relationship between transfer factors and the transfer process. This mediating effect of motivation in the transfer process was proposed by different studies (Pugh and Bergin, 2006; Kontoghiorghes, 2004; Holton et al., 2000). According to Gegenfurtner et al.'s (2009b) review, they argued the notion that motivation precedes transfer needs further investigation. Of the 31 studies they examined only one third investigated this relationship with only three studies finding a significant positive relationship while the other studies found a non-significant or marginal relation. In Blume et al.'s (2010) meta-analysis a positive relationship between motivation and transfer was found with few studies comparing the effect of different types of motivation on transfer.

It is clear that different predictors have been associated with training transfer but what is lacking is a full understanding of the processes that underlines these kinds of relationships. The present thesis utilises social cognitive psychological theories to explore at the individual level how different transfer predictors influence transfer behaviour.

The complexity of the training transfer process has been indicated by previous research as many factors have been found to influence this process. Different predictors have been associated with training transfer like personal characters and work environment factors but a full understanding of the processes that explain transfer as a behaviour is still lacking. This study aims to contribute further to understanding training transfer as a behaviour controlled by individuals themselves and influenced by their external environment utilising social psychological theory.

Social psychology theories are thought to be valuable in understanding individuals' transfer behaviour because they look at individual behaviour within its social context explaining how the behaviour is influenced by different situational factors (Weisweiler et al., 2012). Such theories have been recommended by different researchers to allow a clearer understanding of the transfer process (Cheng and Hampson, 2008; Al-Eisa et al., 2009). This research utilises the theory of planned behaviour which was developed by Ajzen (1985, 1991). This theory is based on understanding individuals' behavioural intentions that lead to the initiation of that behaviour. It also identifies three predictors that influence individuals' intentions: attitudes towards the behaviour, subjective norms and perceived behaviour control.

Other theories have been used to understand training transfer such as organisational psychology theories (e.g. Baldwin and Ford, 1980) that focused on factors at organisational level influencing training transfer. On the other hand, there are social psychology theories that focused at the individual level (e.g. Bandura, 1977; Tajfel, 1978; Ajzen, 1985). This study utilised Ajzen's theory of planned behaviour that offers a more comprehensive approach to understanding training transfer behaviour.

The aim of the research is to explore and conceptualise the factors that influence training transfer and build a framework of training transfer that captures how and under

what circumstance employees decide to transfer or not to transfer. The proposed conceptual framework indicates that the predictors of transfer can impact employees' transfer intention and behaviour through directly influencing their attitudes towards transfer, perception of subjective norm, and their perceived behavioural control. This study explores faculty members' decision to transfer and their perceptions of the different factors that influence whether training outcomes are transferred to the job. Therefore, the research objectives are to:

1. Explore the decision-making process of transferring or not transferring training to the workplace.
2. Conceptualise the factors that influence individuals' transfer intention and initiation.

These research objectives will be met by answering the following main research questions:

> Research Question 1: To what extent do subjective norms within the organisation influence trainees' decision to transfer training?
>
> Research Question 2: How do trainees perceive the transfer opportunities provided to them in their organisation and their ability to transfer after attending training programmes?
>
> Research Question 3: To what extent trainees' perceive their training transfer as a favourable or unfavourable behaviour and how it influences their decision to transfer?

1.3 Thesis structure

Chapter 2 provides a critical analysis of the literature surrounding professional development. It explores the literature that relates to the different forms of developmental interventions initiated by organisations, highlighting training as a common intervention. This is followed by a discussion of ways to evaluate the effectiveness of training, focusing on training transfer as one of the main indicators of effectiveness. Considering training transfer as a behaviour, that individuals can decide to take or avoid, it was essential to explore it from a behavioural perspective rather

than the organisational perspective covered by the vast majority of the available literature.

Chapter 3 investigates social psychology theories and focuses on the theory of planned behaviour as a more comprehensive theory that would allow a deeper understanding of individuals' intentions towards training transfer behaviour. This chapter concludes by bringing together the previous literature and develops the research questions and framework of this study.

Chapter 4 presents the research methodology highlighting qualitative case study method, data collection tools, participants of the study, data reliability, ethical considerations and analytical approach.

Chapter 5 illustrates the findings and analysis of this study. It includes participants' points of view on the different factors influencing their decisions to transfer what they have learned from training to their workplace.

Chapter 6 discusses how the results from the findings answer the research questions and objectives of this study. The chapter concludes this study and provides implications for practice, study limitations and a set of recommendations for future research.

1.4 Summary

This chapter has introduced the research aims and background of this study which are to explore the factors influencing individual intentions to transfer training for those receiving professional development in the workplace. It also introduced literature outlining the complexity of the transfer process and summarised the rationale in selecting social psychological theory to explore the process of training transfer. In particular, the theory of planned behaviour is argued to provide a structured approach as the framework for this study's qualitative approach to conceptualising the process in the chosen study context – Oman's health education institutes. The following chapter highlights training and development literature, focusing on the different factors influencing training transfer.

Chapter 2. Professional development and training in higher education contexts

2.1 Introduction

Professional development is a tool used by organisations to enhance quality and promote innovation. Different terms are used within higher education to describe the development of faculty, such as professional development, faculty development, faculty training, educational development, educational training, academic development, instructional development, instructional training, and pedagogical training (De Rijdt et al., 2012). In this study the term professional development will be used. As organisations are investing significant financial resources on developmental interventions like training for performance improvement (Van Buren and Erskine, 2002; Dean et al., 1996), there is great interest in finding the determinants of successful and effective training. This chapter begins by identifying the forces driving the initiation of professional development interventions by organisations. Thereafter, the different forms of professional development like workplace learning are identified. The chapter ends by discussing tools used to evaluate the effectiveness of training as one of the most utilised forms of professional development by organisations.

2.2 Initiation of professional development

Professional development is defined as a lifelong process aiming to maintain and develop the expertise of employees through supplying them with up-to-date knowledge and skills (Swanwick and McKimm, 2010). According to Fox and Bennett (1998) it is defined as a systematic intervention that facilitates employees' behavioural change in practice utilised to assure quality, sustain practice standards and in some cases for mandatory recertification (Tang, 2004; Mukhtar and Chaudhry, 2010). Within the context of higher education institutions, according to Simpson et al. (2006) more demands are being placed upon educators, for example, taking steps to ensure effective teaching, conducting successful research, supervising problem-based discussion groups, utilising computer-based instructional techniques and utilising reliable assessment tools. Bin Abdulrahman et al. (2012) described the recommendations of the conference ''A 2020 Vision of Faculty Education

Development across the Medical Education Continuum" in 2010 which listed topics for future faculty development like: meeting evolving needs, core teaching competencies, challenges to effective teaching, competency-based assessment, instructional technologies, and research. Professional development of educators' aims to improve their capabilities and practice (Gaff, 1975; Stefani, 2003) leading to changes in their attitudes, behaviours (Fenstermacher and Berliner, 1985), and positive outcomes in students' learning (Sparks and LoucksHorsley, 1990). It constitutes both formal and informal learning experiences (Fullan, 1990) and is generally a continuous process that takes place within organisational contexts like the institutes of higher education (Guskey, 1996). This development can be at a personal, professional, or instructional level (Braskamp 1980). Mansouri and Lockyer (2007) suggested the need to use adult learning approaches in the development of educators because of the positive effects associated with using interactive interventions, in small groups and multidimensional programmes. In addition, Slotnick (1996) showed that adults in general learn in response to problems that they think they have. Whatever the field of study, professional development is expected to lead to positive outcomes through enhancing individuals' performance.

The definitions provided above reflect some of the recent trends that are prominent and currently influencing higher education: increased accountability, quality and excellence, and professionalization (Swanwick, 2008). First, the level of accountability on institution has increased with higher expectations that different stakeholders like students, trainees, and management have for quality teaching and training. The second trend concerns the quest for 'excellence' which is a reflection of the indistinguishable relationship between quality of teaching and training on the one hand and the quality of students' learning on the other. It is also evident in the spread of quality assurance practices which are believed to influence professional development programmes. This was supported by Clegg (2003, p.42) who stated that "top down institutional and quality agendas shape the context for much continuing professional development". Quality assurance has become a main interest in higher education (Newton, 2002). This is evident in Woodhouse (2003, p.135) statement that "over the last 20 years, there has been a great increase in the number of external quality

agencies for higher education". Different accreditation bodies include standards to ensure the quality of teaching of students. For example, The Association of American Medical College (AAMC) included the need for faculty and resident development as teachers in their accreditation requirements:

> Standard ED-24 states that "residents who supervise or teach medical students, as well as graduate students and postdoctoral fellows in the biomedical sciences who serve as teachers or teaching assistants, must be familiar with the educational objectives of the course or clerkship and be prepared for their roles in teaching and evaluation." (AAMC)
>
> Standard (FA-4) states, "members of the faculty must have the capability and continued commitment to be effective teachers." (AAMC)

Newton (2002, p.208) stated that "quality becomes preoccupied with accountability". Therefore, organisations often seek indicators of effectiveness (quantitative and qualitative).

Finally, the third trend is professionalisation which is evident in the increasing number of professional associations. As an example, over 2000 delegates regularly attend the annual conference of the Association for Medical Education in Europe (Swanwick, 2008). There are different standards and frameworks that constitute these trends and one of the frameworks that are more specific to medical educators is the Professional Standards Framework of the Academy of Medical Educators (Academy of Medical Educators, 2009). This framework (Figure 1) encompasses six domains which can guide organisations when developing their employees who perform educating roles.

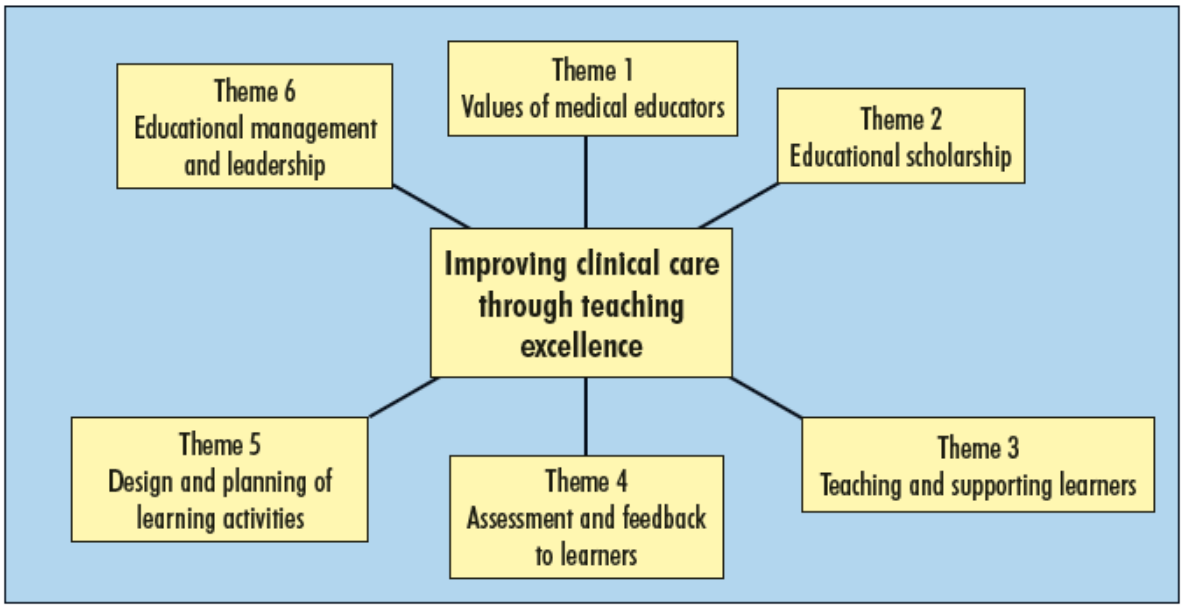

Figure 1. The Academy of Medical Educators professional standards framework
Source: Academy of Medical Educators (2009)

2.3 Forms of professional development

One of the main aims of professional development initiatives for educators is to enhance their teaching practice to produce higher quality students. As Guskey (2003, p.12) states, "The objectives of professional development are clear: to make a difference in teaching, to help educators achieve high standards, and ultimately to have a positive impact on students". Harris et al. (2007) also indicated that more emphasis has been placed on professional development programmes to enhance the quality of teaching. Professional development initiatives can enhance different skills, that educators need, like teaching, research, leadership, mentoring and coaching, using assessment tools, and curriculum development (Gruppen et al., 2003; Harris et al., 2007). Steinert (2000) argued in his review that professional development programmes have given more attention to enhancing teaching skills while less attention has been paid towards personal development of faculty members and organisational development. According to Steinert (2000) it is time for professional development programmes to move from focusing only on teaching skills towards enhancing educational leadership, innovation, professional academic skills, and professionalism.

Professional development interventions vary according to institution mission (Harris et al., 2007) and faculty academic role (Bland et al., 1990). One classification of

professional development programmes ranges from professional orientation for new employees to instructional development, leadership progress and organisational development (Wilkerson and Irby, 1998).

Professional development interventions can also be on-the-job (workplace learning) or off-the-job in a formal or informal form. As organisations have more control over the interventions that they facilitate and provide, more attention is paid to on-the-job or workplace learning. Continuous workplace learning is essential for organisations to gain competitive advantage (Salas and Cannon-Bowers, 2001). One of the definitions of workplace learning was stated by Hicks et al. (2007) as 'a process whereby people, as a function of completing their organizational tasks and roles, acquire knowledge, skills, and attitudes that enhance individual and organizational performance' (p. 64).

Workplace learning is complex because it can be in different forms like: structured activities aimed to provide learning and under the control of the organisation (formal learning), or unstructured activities under the control of the individual (informal learning) or it can be spontaneous through accomplishing tasks without individual awareness of learning occurrence (incidental learning) (Matthews, 1999; Marsick and Watkins, 2001; Doyle and Young, 2007). Therefore, workplace learning can be positive or negative (Billett 1995), since it is not totally structured and tailored for achieving specific positive goals. In Crouse et al.'s (2011) study, more than 30 workplace learning strategies were identified and categorised into nine classifications that included: courses and programmes, doing work/new task, working with others, e-learning, observing others, trial and error, reading/researching, reflecting on action, feedback/replication/vision. It was found that different strategies were favoured in different professions such as, school teachers preferring interactive strategies, IT specialist preferring internet searching, while HR professionals favouring independent learning strategies (Lohman, 2009). Furthermore, Hicks et al. (2007) found that accounting partners favoured learning through reading while accounting trainees preferred e-learning. This shows that different learning preferences and patterns exist between different professions and groups and differences can even exist within the same group.

With respect to the teaching effectiveness of health educators, Skeff et al. (1997) cites several different forms of professional development activities, including workshops, seminar series, short courses and fellowships. Positive impact has been associated with these programmes using self-assessment and learners' feedback (Elliott et al., 1999; Cole et al., 2004).

Formal training is the most common utilised developmental workplace learning intervention. Goldstein (1991) defined training as a planned effort by organisations to facilitate the learning of specific attitudes, skills or knowledge that employees need to succeed with their job. Others advocate "training for impact" (Robinson and Robinson, 1989) which is results-oriented, driven by the needs of the organisation, providing the skills and knowledge needed for employees to improve their performance aiming to achieve organisational goals. This approach is evident in definitions such as the following:

Training is a planned process to modify attitude, knowledge or skill behaviour through learning experience to achieve effective performance in an activity or range of activities. Its purpose, in the work situation, is to develop the abilities of the individual and to satisfy the current and future needs of the organisation" (Manpower Services Commission, 1981:62).

Similarly, Goldstein and Ford's (2002, p.22) definition states that "workplace training is a systematic approach to learning and development to improve individual, team, or organizational effectiveness". These definitions link education and training by the inclusion of the notion of learning, with training being specific to workplaces (Wilson, 2005). Van Wart et al. (1993) stated that training in general takes place over a shorter timeframe compared to education. Rashid and Jusoff (2010), however, argued that training is a process that should reflect the long term objectives of the organisation not a one-time activity that serves a short-term objective. According to Thompson (1976) in adult education literature, training aims for a specific goal or behaviour while education and teaching facilitate a more general goal of understanding principles. Mukhtar and Chaudhry (2010) in their study provided a list of the most popular topics for training in 37 colleges (in Pakistan) that included: communication skills, teaching skills, both curriculum development and research methodology, and stress

management respectively. In addition, less popular topics such as training of trainers and leadership skills were also included.

It is believed that training alone does not guarantee implementation but there is evidence of its association with different outcomes such as lowering behaviour variations and improving the quality of services delivered (Aarons et al. 2011; Feldstein et al. 2008; Fixsen et al. 2005; Stirman et al. 2004). Wilson (2005) emphasised that human resource development (HRD) interventions, whether educating, training, or developing people, all aim to contribute toward individuals, organisations and society in general. There is this notion of establishing best practice in training and providing scientific proof of impact of training to justify its use (Herschell et al. 2010). In some fields, such as medical education, the expectation of these interventions enhancing practitioners' practice behaviour has not yet been proven (Chan et al., 1999; Davis et al., 1999). Therefore, further advance in the science of training is recommended through the application of implementation models (Beidas et al. 2011), and evidence-based training strategies (Lyon et al. 2011) to cope with the increasing demands of meeting quality standards and accreditation criteria. The formal and informal learning available within the organisation presents opportunities available for employees but does not imply actual learning or development. Therefore, organisations willing to develop and improve the performance of their employees need to understand the dynamics of learning to strategise the learning process through their human resource development (HRD) practices (Govaerts, 2011).

According to Harris et al. (2007), one of the tools used to plan professional development is identifying skills and competencies that faculty members need to perform their roles effectively. Therefore, the individual needs for faculty development will vary depending upon the individual's role, enabling the determination of priorities for professional development accordingly. Although, skills and competencies are sometimes used interchangeably, skills usually indicate the ability to perform relatively simple tasks with ease using one's knowledge highlighting that they can be trained and developed. However, competencies describe the ability of performing more complex tasks through being equipped with different necessary skills (Rychen and Salganik, 2000). It was suggested that identifying needed skills and competencies

can bring more clarity to planning and implementation of professional development initiatives being based upon actual needs for enhancing the performance of faculty members and their organisations (Epstein and Hundert, 2002). Furthermore, these tools can be used for: guiding individuals in identifying their career paths, aiding in career development, producing job descriptions and evaluating professional development programmes (Harris et al, 2007).

One attempt for identifying competencies required by faculty was constructed by Bland et al. (1990). They categorised a set of skills and objectives for effective faculty members in five areas: education, administration, research, written communication, and professional academic skills. A more recent outline of faculty competencies was listed by Harris et al. (2007) including the new roles required by faculty in teaching students. They formed the 'Faculty Competency Assessment Checklists' which included eight categories according to roles of faculty members: teaching, administration, research, curriculum development, leadership, medical informatics, care management, and multiculturalism. When planning professional development interventions, the level of faculty members' involvement should also be considered if they are at entry level or more experienced in teaching or if they have leadership or administrative duties (Bland and Simpson 1997; Rust et al. 2006). HRD policy should consider employees' interests, learning preference and style, their level of motivation to learn, in addition to organisational goals to ensure effective learning and development (Kolb 1983; van der Krogt and Vermulst 2000; Van der Sluis and Poell 2002; Vermunt 1992).

Thus, according to Perry (2010) the importance of professional development for educators is clear but the type of professional development that makes the transition from concept to application is critical but less clear. This was also supported by Santhanam and Crisp (2004) who stated that "Academic development programs exist in one form or another in most (if not all) higher education institutions in Australia, North America and the UK. However, quantitative evidence on the effectiveness of such programmes is rather scant".

2.4 Evaluation of professional development training programmes

Most research on professional development has described the different programmes implemented but there is a lack of research on the effectiveness of these activities (Steinert et al., 2006; Stes et al., 2010). Where workplace training does take place, evaluating this training to ensure its effectiveness is essential (Brinkerhoff, 2005). Evidence of a return on investment in training has often relied on traditional measures like the number of interventions, or the number of participants, and their overall reactions to the training intervention (Salas and Cannon-Bowers, 2001; Salas et al., 1997).

Although various educational models of effective professional development (Bell and Gilbert, 1996; Magolda, 1996; Villegas-Reimers, 2003) have investigated different factors, such as programme features, social and cognitive growth, and teaching techniques, they have been criticised for focusing on "the content, methodology or outcomes and not the processes of the teachers' learning" (McDonald, 2011, p. 1886). Also, it is argued that they use "teacher self-report and there has been little attempt to link these findings with teacher and student learning and the use of that learning" (Garet et al., 2001 cited by McDonald, 2011, p. 1886).

Therefore, there have been calls to link professional development interventions with workplace practice and impact at the level of students and organisation (Eseryel, 2002; Kazemi and Hubbard, 2008; McDonald, 2011). One of the interesting attempts to improve professional development and link it with impact on practice was by Guskey (2000) who linked effective professional development with evaluation. Guskey (2000) utilised Kirkpatrick's (1994) model to develop a comprehensive model for planning and implementing effective professional development interventions. The model included participants' reaction, learning, and transfer from Kirkpatrick's model, and Guskey added organisation support and change, and student learning outcomes. Other attempts to improve professional development within education were also embarked upon by other researchers like McDonald (2011) who compared educational literature to management and organisational psychology literature and suggested that a clear understanding of professional development by integrating teacher learning, motivation and training transfer is needed.

Increasingly, organisations question how training is improving their performance and competitiveness. There are two measures of training outcomes commonly found in the literature: training evaluation models and training effectiveness measures. Both of these complement each other. While the evaluation models try to explore what works in the training process (Salas and Cannon-Bowers, 2001), the effectiveness models investigate the explanations of why and how training works (Kraiger et al., 1993). Regarding evaluation of professional development initiatives, different models of evaluation are available like Bland et al.'s (2002) model which investigates the impact of professional development at: the individual, institutional and leadership levels; and Kirkpatrick's (1994) model that considers four levels of outcomes. The most widely used evaluation method is Kirkpatrick's (1994) evaluation model (Steinert et al., 2006). The levels of outcome described in the model are: learners' reaction (or satisfaction); learning (or changes in attitudes, knowledge and skills); behaviour (or transfer of learning describing changes in practice); and results (referring to impact through changes at the level of the learner and the organisation).

Kraiger et al. (1993) extended Kirkpatrick's model to include the adoption of certain attitudes, enhanced self-efficacy, and motivation to utilise the newly learned skills. The first measure in Kirkpatrick's model, trainees' reaction is important because it indicates that participants are enjoying the experience and implies their satisfaction which can enhance their motivation to learn and transfer (Rashid and Jusoff, 2010). According to Warr and Bunce (1995) the participants' reactions are captured by collecting information about their degree of enjoyment, perceived difficulty, and perceived usefulness. The second measure is the amount of knowledge recalled directly or shortly after the programme (Rashid and Jusoff, 2010). To measure change in behaviour, which is the third measure, time must be given for the behaviour to take place or to "take root" according to Libermann and Hoffman (2008) because if the measurement took place directly after the programme finished, it will be measuring reaction not change in behaviour. Finally, to measure the benefits of training, organisations should identify the changes that occurred in the operating activities that relate directly to the organisational goals (Lengermann 1996).

In medical education, a fourth level includes patient health and population health (Davis et al., 2003). Kirkpatrick's model has been criticised as it excludes important variables like work environment factors and participants' motivation level which can affect both the learning and transfer processes (Holton, 1996). According to Steinert et al.'s (2006) systematic review, professional development programmes are associated with a positive change in the knowledge and skills of medical teachers, although the association with organisational change is still not clear. In addition, they found that Kirkpatrick's levels three and four which measure change in behaviour and the transfer of training are seldom considered by practitioners in organisations. This was also evident in medical education, where there is a demand to show increase in improved performance in practice leading to increased health services (Mansouri and Lockyer, 2007; Becker and Stirman, 2011) because most review studies have been unsuccessful in indicating a strong significant relationship with health outcomes. According to Alliger et al. (1997) this can be due to lack of resources, time, or expertise.

Effectiveness of training is a complex phenomenon because it constitutes various factors like the characteristics and background of trainees, the method used, and selection of trainers (Yang et al., 2009), the beliefs of different groups within the organisation (Bunch, 2007), and training goals and techniques. In addition, effectiveness of professional development interventions can be influenced by different mediating factors other than the programme design alone (Steinert et al., 2006). Different features were emphasised by researchers as key factors of professional development effectiveness like, alignment with learning principles like adult learning (e.g. Knowles, 1988) and experiential learning (Carroll, 1993); being based on a systematic needs analysis (e.g. Davis et al., 1995) recognizing the needs of different stakeholders and the organisational requirements (Steinert, 2000); considering the institution's culture and participants' context (Rubeck and Witzke, 1998); being relevant and practical; focused on specific skills (Steinert, 2000, Steinert et al., 2006); utilising different instructional strategies to encounter for different needs, roles, learning styles and developmental stages (Rubeck and Witzke, 1998); the importance of practicing what is learned during and after the intervention with receiving immediate feedback (e.g. Hewson, 2000); peers support (e.g. Elliot et al., 1999);

follow up sessions; and coordinating activities at regional and national level (Skeff et al., 1997).

While some researchers discuss training effectiveness as a process (Goldstein, 1986), others emphasise the outcomes achieved by effective training (learning, transfer, maintenance, and generalization). To ensure an effective intervention, HRD directors and trainers should consider different essential features of effectiveness: beginning from planning the programme, to implementation, evaluation, and ensuring the inclusion of key principles of effectiveness. Goldstein's (1986, 1991) instructional system design (ISD) model, emphasised that an effective training programme should start with needs assessment, followed by developing instructional strategies, an implementation stage, and finally an evaluation of the training program.

The applicability of Goldstein's ISD model was challenged by Dipboye (1997) but some literature reviews (Salas and Cannon-Bowers, 2001; Kraiger, 2003) have suggested that the components of the ISD model are supported by significant empirical research. For example, Arthur et al.'s (2003) meta-analysis found that there is a significant effect of training needs analysis and design features on training effectiveness. According to Rossett (1992), needs analysis is essential for effective training through including participants in the process and identifying the gap between the current and the desired performance. This was supported by Bjornberg (2002) who found that best practices implemented the following procedures to ensure effective training and development interventions: 1) alignment of interventions with the plan of the organisation; 2) needs analysis; 3) development of appropriate training strategies; 4) evaluation of the effectiveness of programs through measuring the change in trainees' behaviour, and 5) continuously trying to improve programs and evaluation methods.

A similar model was proposed by Kunder (1998) who identified six factors that can hinder or facilitate the effectiveness of training and development systems: training needs assessment, alignment between training and organisational goals, support for the application of new skills on the job, explicit evaluation of training, correct accounting of the costs of training, and top management support. In addition, Brennan and Kaplan

(2005) and Martinez et al. (2009) emphasised the importance of the training intervention being engaging and relevant to participants and their work environment.

Despite the various models described above, there is a gap between research and practice when it comes to characteristics suggested by research to result in effective professional development programmes for educators like engaging stakeholders, and systematic and sustained efforts (Clarke and Hollingsworth, 2002; Richardson, 2003). This may be one of the reasons why educators who participate in these activities do not always implement what they have learned (Kent, 2004; Guskey, 2005).

Holton et al. (2000) argued that learning and transfer of training are the main outcomes of effective training. This was supported by Lyon et al. (2011) when they conceptualised training into skill acquisition and implementation support. Therefore, training professionals should ensure effective training design that will provide the needed skills and knowledge, and a transfer strategy that will support the transfer of these skills to the workplace (Fixsen et al. 2005; Joyce and Showers 2002). Broad and Newstrom (1992) suggested that most of the investment in training is wasted due to no transfer. One of the definitions of training transfer was provided by Baldwin and Ford (1988) when they stated that it is the extent to which participants apply what they learned in training (e.g. knowledge, skills, attitudes) to their workplace and maintain it over time. According to Cheng and Ho (2001) the extent to which training outcomes are acquired depends on participants' characteristics, training design, and the work environment.

2.5 Training transfer and influencing factors

Different literatures of higher education, management and organisational psychology agree on the importance of training transfer to the workplace so developmental interventions can lead to positive results on both an individual and organisational level (De Rijdt et al., 2012). Recent reviews of training transfer (Blume et al., 2010; Burke and Hutchins, 2007; Cheng and Hampson, 2008; Cheng and Ho, 2001; Ford and Weissbein, 1997) confirm its importance in research and practice. In the following sections, the definition of transfer and the factors influencing it will be discussed.

Recent reviews (Blume et al., 2010; Cheng and Hampson, 2008) have used similar descriptions of transfer based on Baldwin and Ford's (1988) framework that defines

transfer as the degree to which participants effectively apply the knowledge, skills and attitudes learned in a learning context to the work settings conceptualising transfer into: (a) generalisation where behaviour must be generalised to a similar or different setting within the job context, and (b) maintenance where changes in behaviour has to be maintained over a period of time on the job. Recently, Blume et al. (2010) in their meta-analytic review defined transfer as consisting of the same two dimensions. Other definitions of transfer exist but they all have the same meaning for example in education literature, Haskell's (2001, p. xiii) definition states that transfer is "the use of past learning and the application of that learning to both similar and new situations". According to McDonald (2011), in education literature, a clear understanding of training transfer is yet to be developed. Although there have been a number of transfer models (e.g., Perkins et al., 1989; Veenman et al., 1994; Wallace, 1992; Yelon, 1992) that emphasised important features, McDonald (2011) stated that an integrative professional development model that incorporates learning, motivation and transfer is still lacking.

2.5.1 Factors affecting training transfer

Earlier educational reviews (Levinson-Rose and Menges, 1981; McAlpine, 2003; Steinert et al., 2006; Stes, Min-Leliveld, Gijbels, and Van Petegem, 2010; Weimer and Lenze, 1998) emphasised the complexity of transfer of training to the workplace and the difficulty of measuring it (McAlpine, 2003). This can be explained by the need to identify and understand the different factors that may influence the transfer process (De Rijdt et al., 2012) like individual characteristics, the nature of intervention design used, and work environment factors to bring behavioural change and increase individual and organisational performance (Baldwin and Ford, 1988; Steinert et al., 2006; Burke and Hutchins, 2007). Gegenfurtner, et al. (2009) in their meta-analytic review listed pre-training attitudes and attributes (e.g., openness to new experiences); framing of the training (e.g., usefulness of prior information); organisational culture (e.g., participant's accountability); instructional context (e.g., goal setting activities); individual factors (e.g., self-efficacy) and work climate (e.g., social support) as important factors that facilitate or inhibit transfer. According to De Rijdt et al. (2012), educational studies were limited as they mainly focused on intervention design when studying the impact of professional development. The following section provides an

overview of the main factors found to be important in influencing the transfer process in both the management and educational literatures. These factors are categorised according to Baldwin and Ford's model into three main groups: trainee characteristics, training design and work environment factors.

2.5.1.1 Trainee characteristics

Grossman and Salas (2011) listed four trainee characteristics (cognitive ability, self-efficacy, motivation, and perceived utility of training) that they found to significantly affect training transfer. Trainees' cognitive ability was found to have a strong relationship with training transfer (Baldwin and Ford, 1988). Meta-analysis reviews (Colquitt et al., 2000; Blume et al., 2010) have also provided strong evidence of this relationship but this study will only focus on factors that can be influenced by changes within the organisation. Therefore, self-efficacy, motivation and perceived utility will be discussed further.

Self-efficacy was also one of the factors found to positively affect transfer. Self-efficacy is described as ''people's judgments of their capabilities to organise and execute courses of action required attaining designated types of performances'' (Bandura, 1986 p. 391). It was found that individuals aiming to improve their performance and perceive high self-efficacy tend to exert more effort in achieving goals (Bandura and Cervone, 1983). It was also found that individuals with higher self-efficacy tend to set more challenging goals (Schunk, 1990). The same was shown by Phillips and Gully (1997) when they found that students with high self-efficacy tend to set higher goals and perform better regardless of the difference in their ability. The effect of self-efficacy on transfer can be either direct or indirect through motivation (Ford et al., 1998; Holladay and Quiñones, 2003). In the training transfer literature, two types of self-efficacy were discussed: pre-training self-efficacy describing confidence in ability to learn, and post-training self-efficacy describing confidence in ability to transfer learning to the workplace (Colquitt et al., 2000; Gegenfurtner, 2011; Tannenbaum et al., 1991; Thayer and Teachout, 1995). Pre-training self-efficacy was found to be associated with pre-training motivation (Chiaburu and Marinova, 2005; Machin and Fogarty, 2004) and motivation to learn (Al-Eisa et al., 2009; Colquitt et al., 2000). The effect of trainees' self-efficacy can be before training but it is mainly

examined as a post-training factor. Trainees with higher self-efficacy were more likely to continue exerting effort in order to meet a challenge when compared to trainees with low self-efficacy (Robbins and Judge, 2009). In addition, self-efficacy was related to transfer intentions (Al-Eisa et al., 2009), acquiring skills, and actual transfer (Martocchio and Judge, 1997; Colquitt et al., 2000; De Rijdt et al., 2012; Gegenfurtner, 2011). Self-efficacy has consistently shown positive relationships with the transfer of training (Burke and Hutchins, 2007; Velada et al., 2007). However, according to Judge et al. (2007) the effect of self-efficacy on transfer differs according to task complexity, where tasks of low complexity are predicted by self-efficacy but not those with medium or high complexity. A recent meta-analysis (Blume et al., 2010) supported studies which showed a consistent positive relationship between self-efficacy and transfer. Colquitt et al.'s (2000) meta-analytic review identified self-efficacy as a significant predictor of both training motivation and training outcomes. As self-efficacy is significant predictor of transfer, it is important to understand how organisations can enhance it. Pre-training self-efficacy was found to be shaped by previous training experiences but any doubts can also be reduced by providing transparent information about the training content, communicating importance of training, and support from supervisor and peers (Weisweiler et al., 2012). Post-training self-efficacy can also be improved during training by providing ability to practice performing skills successfully and after training by providing positive feedback on performing new skills, autonomy to perform job and new skills, and discussing expected changes in performance.

Motivation, as a trainee characteristic has emerged as a significant contributor to training transfer (Baldwin et al., 2009). Blume et al.'s (2010) meta-analysis provided additional evidence of a positive relationship between motivation and transfer. According to Kent (2004) only the educator can decide how much change in practice take place. This was previously noted by Guskey (1986) when he argued that professional development can succeed or fail depending on the teachers' motivation when they are in the role of a trainee. Wagner (2001, p. 383) stated that "the challenge in motivating teachers is to help them understand what today's students need to know and be able to do for work and for effective citizenship and to help them learn better strategies for teaching all students".

The importance of trainee motivation was also illustrated by recent educational studies and reviews (Hynds and McDonald, 2010; McDonald, 2011; De Rijdt et al., 2012). It is clear that motivation is important but conceptualising motivation is a complex task. Some studies classified motivation into extrinsic and intrinsic (Hynds and McDonald, 2010) but they found it challenging to distinguish the type of motivation that is driving the individual's action. Some of the extrinsic motivators found were reward (expectancy theory), compensation (equity theory), and a challenging job (job enrichment theory). On the other hand, examples of intrinsic motivators are desire to help students learn, valued content, improve work (Frase, 1992), and positive work conditions (Wlodkowski, 2008).

Transfer motivation has been studied using a variety of terms like; pre-training motivation, motivation to learn and motivation to transfer with all demonstrating significant relationships with training outcomes (Burke and Hutchins, 2007). Tziner et al. (2007) found that motivation to learn was a strong contributor to training outcomes. Lim and Johnson (2002) identified motivation to transfer as a primary supporting factor. Other studies have also demonstrated the impact of motivation to transfer on the transfer of training (e.g. Chiaburu and Lindsay, 2008; Chiaburu and Marinova, 2005). Only a few studies have compared the different types of motivation in relation to transfer, for example, Chiaburu and Lindsay (2008) examined both motivation to learn and motivation to transfer and found that motivation to transfer had a stronger relationship with transfer compared to motivation to learn. Different theoretical models (Beier and Kanfer, 2010; Gegenfurtner et al., 2009; Kontoghiorghes, 2004) and recent review on motivation and transfer (Gegenfurtner, 2011) emphasise the fundamental role of motivation in the transfer process. Gegenfurtner (2011) emphasised the complexity of motivation and conceptualised it into nine dimensions (motivation to learn, motivation to transfer, pre and post-training self-efficacy, mastery orientation, performance orientation, avoidance orientation, expectancy, and instrumentality). In De Rijdt et al.'s (2012) review motivation to learn and motivation to transfer were identified as possible influencing factors of training transfer, but these authors also stated that these need further empirical investigation within an educational context. McDonald (2011) argued that more empirical research is needed to investigate

the relationship between learning, motivation and transfer because many of the findings described are contradictory and limited in generality.

Finally, perceived utility or value associated with participating in training was also found to influence transfer (Burke and Hutchins, 2007). Perceived value or utility of training can be determined by trainees' evaluation of: a need for improving performance, the credibility of new skills required to improve performance, the application of new learning improving performance, and the ability to transfer new skills with ease (Warr and Bunce, 1995; Yelon et al., 2004; Burke and Hutchins, 2007). Axtell et al. (1997) also found that trainees who perceived training as relevant transferred skills immediately and with higher levels. Therefore, it was suggested that for maximal transfer, learners should perceive that the new knowledge and skills from training will improve their work performance (Baldwin and Ford, 1988; Clark et al., 1993). Chiaburu and Lindsay (2008) suggested that organisations can enhance trainees' perception of valuable training outcomes through clear communication of how relevant the training programme is to trainees' job.

2.5.1.2 Training design

Research has demonstrated training design as one of the factors affecting training transfer and trainees' motivation to transfer training. Grossman and Salas' (2011) in their search for the significant and strongest factors affecting training transfer listed behavioural modeling (explanation of behaviours to be learned, model behaviour, allow practice, provide feedback, support and reinforcement; Taylor et al., 2005); error management (anticipation of errors by trainees, and provide instructions of how to manage such situations; Keith and Frese, 2008); and realistic training environments (practice scenarios or conducting training on the job; Kraiger, 2003; Salas et al., 2006; Burke and Hutchins, 2007) as the design factors that had a strong relationship with transfer.

When developing training programs, combinations of techniques should be selected while considering the content of the intervention, practice being trained, and the organisational setting (Beidas and Kendall 2010). It was found that different factors can contribute to a more effective continuous medical education such as content, the number and type of participants, the degree and type of interaction, and the length and

frequency of these interventions (Mansouri and Lockyer, 2007). Therefore, more active strategy, interventions designed for single groups of participants were associated with better outcomes. This can be due to more focused and more relevant materials presented to the practitioner group. A small group size would likely increase the opportunity for active participation. Furthermore, increasing the length of the intervention, a longer contact time and continuing contact were associated with a larger effect on behaviour change (Mansouri and Lockyer, 2007). According to Baldwin and Ford's (1988) review, the three main design factors are: learning principles utilised, sequencing of training content, and the relevance of training content to the job (Kontoghiorghes, 2004; Orvis, Fisher, and Wasserman, 2009). Velada et al. (2007) showed that how relative is training to the job was significantly associated with training transfer. Holton et al. (2000) emphasised that training content should reflect and relate to the job because it is the criterion used by trainees to validate training.

Other researchers have discussed the effect of training design characteristics on motivation to learn and transfer motivation which is suggested to eventually affect training transfer (Tai, 2006; Gegenfurtner et al., 2009a). These factors include active training methods like trainee-centred learning (Nikandrou et al., 2009), and blended learning (Klein et al., 2006). In addition, rewards in training (Whitehill and McDonald, 1993), distributive justice (based on moral and ethical standards where everyone is treated fairly; Quinones, 1997), familiarity with training content (Tai, 2006) and instrumental satisfaction (Gegenfurtner et al., 2009a) were all found to affect trainees motivation. According to Abdul Aziz and Ahmed (2011) organisations can stimulate motivation by using the right design characteristics when developing a new training programme; for example, the option of voluntary attendance, good reputation of the training, and relevance of training to job-related needs, career-related needs, and personal-related needs.

2.5.1.3 Work environment

There is agreement in the transfer literature on the importance of work environment in determining the degree of application of knowledge and skills learned in training on the job (Noe, 1986; Tracey et al., 1995). Some researchers argue that it is not the work environment but how it is perceived in its effect on transfer which matters which is

referred to as transfer climate. Transfer climate is defined as the perception of the effects of the work environment factors being positive or negative (Baldwin and Holton, 2003). It was also defined by Cromwell and Kolb (2002) as the work environment variables that are perceived positively or negatively by employees in its effect on transfer. Rouiller and Goldstein (1993) suggested that training transfer can significantly increase according to the degree of positiveness in the transfer climate. This was illustrated in their study which showed that employees within more positive transfer climates demonstrated more transfer and enhanced performance. This study was replicated and expanded by Tracey et al. (1995) to include a continuous learning culture. They confirmed the findings of Rouiller and Goldstein and stated that positive transfer climate and a continuous learning culture are directly related to more training transfer.

The work environment can support or hinder employees from applying what they have learned in training (Tannenbaum and Yukl, 1992). Some of these factors can influence the relationship between employees and their supervisors; e.g. positive feedback, level of support, and managers' attitude towards using new learning (Tziner et al., 1991). Training transfer can increase if trainees perceive their supervisors as being supportive at the different stages of the training process, for example, discussing goals and providing positive feedback (Huczynski and Lewis, 1980). One of the well-studied work environment factors is supervisors' support which was correlated with the transfer process. Nevertheless, while some of these studies found a significant positive relationship between supervisors' support and transfer (Bates et al., 2000; Hawley and Barnard, 2005; Seyler et al., 1998) other studies found no significant relationship (Awoniyi et al., 2002; Facteau et al., 1995). Some researchers argue that there remains ambiguity in understanding how the specific supervisor factors are presented within the workplace (Clarke, 2002; Hawley and Barnard, 2005). In addition, two work group factors were emphasised by Xiao (1996) peer support and the openness to change within the group. Another study that suggested the importance of work group support was conducted by Burke and Baldwin (1999) showing that it is a strong indicator of an effective transfer process. It was observed that employees can perform difficult tasks more easily when they have the support of their work group (Ford et al., 1992). Any form of on-going contact (e.g., feedback, peer coaching, or mentoring) has been

recognised to be essential to support behavioural change and sustained implementation (Lyon et al. 2011).

Holton (2000) focused on the effect of reward on training transfer. There is also an indication of positive effects associated with strategic alignment or link, positive work climate and transfer of training to the workplace but further research was recommended by De Rijdt et al., (2012) in their review to clarify findings within the higher educational context. Some literature has also focused on work environment factors that influence motivation to transfer. Holton et al. (1997) identified seven environmental variables, including: peer support, supervisor support, feedback, supervisor sanctions, openness to change, positive personal outcomes, and negative personal outcomes that directly affects motivation to transfer. The main work environment factors found to positively influence training transfer are summarised below.

Link between training and organisational goals

It was found that trainees report higher training transfer when the training is highly aligned with organisational strategies and goals (Montesino, 2002). This is also evident in educational literature, where a positive relationship has been found between transfer and strategic alignment (De Rijdt et al., 2012). A strategic link between training and organisational goals was also associated with enhancing the effect of supervisor support (Burk and Hutchins, 2007). This was supported by Lim and Johnson (2002) when they showed that alignment of training to departmental goals lead to employees perceiving higher transfer of their learning but it was not the most significant environmental factor as, in their qualitative study, they found that opportunity to use was more important to trainees. Clarke (2002) in his qualitative study found that trainees' perceptions of any organisational requirement of them transferring training was minimal which influences the degree of transfer. Burk and Hutchins (2007) suggested the need for more empirical studies to investigate this relationship. Same recommendation was stated by De Rijdt et al., (2012) to be implemented within higher education context.

Accountability

In the literature, there are two definitions of accountability offered; a general meaning and a more technical-managerial meaning (Biesta, 2004). The general meaning relates to responsibility and is mainly reflected in the definitions of accountability for professionals. For example, Tong and Jacobs (2014) listed three key elements of professional accountability namely: internalising responsibility values, materialising responsibilities in the form of actions, and handling responses and complaints of different stakeholders.

The technical-managerial meaning of accountability refers to presenting auditable accounts of all activities (Biesta, 2004). In Higher Education, the meaning of accountability has shifted from a general meaning to a more managerial one due to the high pressure placed by governments to develop more skilled professional to enhance their economic position in the competitive global environment (Alexander, 2000).

Tong and Jacobs (2014) argued that emphasising the general meaning of accountability in the workplace would enhance a more positive perception of accountability by individuals through personal empowerment and sense of contribution.

In training transfer literature, accountability is defined as the extent to which expectancy to transfer is conveyed to trainees within the organisation (Brinkerhoff and Montesino, 1995; Kontoghiorghes, 2002) which entails a more general meaning of accountability. According to Baldwin et al. (1991) holding trainees accountable to transfer new knowledge indicates how important transfer is to the organisation. It was found that trainees felt the need to transfer training because they were expected to do so (Lim and Morris, 2006). Accountability for training creates a culture that appreciates learning and transfer which was suggested to be achieved through: clear performance objectives, clear assigned responsibilities, obligation for the implementation of those responsibilities, a system for performance evaluation, and understanding of potential rewards and sanctions (Thomas, 1998 cited by Tong and Jacobs, 2014). Additional different authors identified different elements that can positively influence the perception of accountability among trainees when returning to the workplace like: assessing transfer (Bates, 2003), requesting trainees to report post-

training, developing plans of action with superiors, including goals and plans in the appraisal process, developing a peer coach/mentor system (Longnecker, 2004), and supervisory sanctions for not transferring (Russ-Eft, 2002).

Opportunity to use training

Opportunity to use training is defined by the degree of availability of resources and tasks to the trainees when back to the job allowing them to apply what they have learned in training (Bates et al., 2000). After training, one of the main obstacles that face trainees in their workplace is the limited chances of applying what they have learned (Brinkerhoff and Montesino, 1995; Clarke, 2002; Lim and Morris, 2006). This was supported by Burke and Hutchins (2007) when stated that for transfer to occur, employees need plenty of opportunities to use what they have learned in training. Furthermore, Lim and Johnson (2002) identified opportunity to use as most highly rated form of support but when limited was rated as a major obstacle. Burke and Hutchins (2007) also suggested a transfer intervention, that rarely have been studied, in the form of putting an action plan which can enhance the opportunity to use or discussing transfer prior to training between trainees and their supervisors. In the literature, supervisors and managers are held responsible for ensuring sufficient opportunities for employees to transfer what they learned in training by allocating time for practice and adjusting their workload accordingly (Clarke, 2002; Gregoire, 1994). In addition, Ford et al. (1992) found that different trainees had different opportunities to apply because of the attitudes of their direct supervisors. To increase the chances of transfer, the gap between training and opportunity to use trained skills should be minimised (Salas et al., 2006).

Supervisor support

Supervisor support is a main key environment factor found to influence employees training transfer (Blume et al, 2010; Brinkerhoff and Montesino, 1995; Broad and Newstrom, 1992; Burke and Baldwin, 1999; Clarke, 2002). Huczynski and Lewis (1980) found that two criteria of supervisor support that contributed most to transfer were: discussions prior training and sponsorship post-training. Supervisors can show their support of transfer through encouraging training attendance, goal setting, reinforcement, and behaviour modelling (Salas et al., 2006; Salas and Stagl, 2009).

Lim and Johnson (2002) emphasised three forms of support from supervisors: discussions on using trained skills, involvement in training, and positive feedback that highly relate to positive trainees' transfer. Prior to training, supervisors can verbally encourage their employees to attend by showing why training is important. Additionally, supervisors can set goals for their employees or help them to set their own goals to emphasise the information or/and skills that they should learn; and after training to discuss actions to be taken to ensure transfer (action planning) (Burke and Hutchins, 2007; Taylor et al., 2005; Wexley and Baldwin, 1986). Robbins and Judge (2009) found that combining specific and challenging goals with feedback can enhance motivation that leads to transfer. According to goal setting theory setting specific and high goals can lead to better performance (Locke and Latham, 1990). In addition proximal goals can lead to better performance through enhancing individuals' self-efficacy when compared to distal goals (Bandura and Schunk, 1981). Taylor et al.'s (2005) meta-analytical review showed that transfer increases when trainees set goals.

Supervisors also have to pay attention to how they are reacting to employees' efforts of transferring training, if they are reinforcing their efforts through praise and rewards or the opposite by ignoring their efforts and discouraging their action. Finally, supervisor modelling an expected behaviour is found to be one of the main drivers for changing employees' behaviours (Sims and Manz, 1982). Employees gain information about what is expected from them by observing their supervisor's actions and attitudes towards any activity or action like training and transfer. Therefore, employees will be motivated to attend, learn and transfer training if they perceive its importance to their supervisors (Huczynski and Lewis, 1980). In addition, Hawley and Barnard (2005) conducted focus groups six months after training and found that supervisor support can be more effective if alignment of organisational and training goals is reflected within their support provision. Some researchers showed mixed findings of supervisor support (Awoniyi et al., 2002; Chiaburu and Marinova, 2005; Facteau et al., 1995; Foxon, 1997) but most supported a positive influence. De Rijdt et al., (2012) in their review argue that the effect of supervisor support needs further study due to the mixed findings.

Peer Support

Peer support was found to have a positive consistent effect on training transfer when compared to supervisor support (Bates et al. 2000; Colquitt et al. 2000; De Rijdt et al., 2012; Facteau et al., 1995). This was supported by Chiaburu and Marinova, (2005) who found a direct significant relationship between peer support and transfer while supervisory support didn't show a significant direct effect on transfer but it influenced it indirectly through pre-training motivation. Peer support in the form of networking and sharing ideas about what was learned in training were found to be the most significant in influencing transfer (Hawley and Barnard, 2005). This positive effect on transfer by peer support was challenged when there is no supervisory support in the workplace, especially on maintaining transfer behaviour.

Follow up and feedback

The period that directly follow the end of a training programme is essential to provide further learning and ensure transfer (Salas and Stagl, 2009; Grossman and Salas, 2011) by providing additional information on what has been learned and how to transfer (job aids), using discussions, and providing feedback (Baldwin et al., 2009). Providing employees with feedback about their performance was found to have positive effect on goal setting and training outcomes (DeShon et al., 2004; Kozlowski et al., 2001). Van den Bossche et al. (2009) argued that more people providing diverse feedback promotes training transfer more when compared to frequent feedback provided by fewer individuals. Velada et al. (2007) supported the role of post-training feedback by showing its significant influence on transfer. The source of feedback, if from supervisor or peer, did not make any difference on its effect as long as helpful, positive and sufficient amount of feedback is provided (Van den Bossche et al., 2010). It was suggested that effective feedback should be specific (Goodman et al., 2011) and face to face (Hummel et al., 2006). On the other hand, negative feedback can have an adverse effect on goal attainment, self-efficacy, transfer motivation and training transfer (Dierdorff et al., 2010; Velada et al., 2007). Furthermore, job aids like information or procedural aids provide reference materials and instructions and their importance was emphasised in Salas et al.'s (2006) study. Baldwin et al.'s (2009) review highlighted the positive effects of post-training interventions (e.g. relapse prevention, goal setting, and follow up) on transfer.

2.6 Challenges facing training and transfer in professional development

There are various challenges facing the conduct of professional development programmes in higher education contexts, including medical education, such as limited resources, poor participation and lack of facilitator evaluation (McLeod, 1987). Furthermore, the barriers listed by Mukhtar and Chaudhry (2010) are lack of incentives, lack of faculty interest, lack of trained facilitators, and time constraints. Another study conducted by Smolen (1996) on nurses, identified lack of resources, lack of faculty interest and responsibility for professional development as the main obstacles facing faculty change and development. In addition, nine categories of barriers were listed by Hicks et al. (2007) that can hinder learning within organisations. Their list included resource constraints (e.g. lack of time, financial constraints), lack of access (e.g. to learning opportunities, or to learning resources), technological constraints (e.g. lack in use of new technologies), personal constraints (e.g. prior unsuccessful learning experiences, loss of motivation), interpersonal constraints (e.g. difficulty in finding a coach or a mentor, lack in managerial skills), structural and cultural constraints (e.g. culture with no commitment or support or a meaningful rewards to learning), course/learning content and delivery (e.g. providing inappropriate knowledge, not meeting expectations), power relationships (e.g. power positions, excluding people from learning opportunities), and change (occurrence of rapid change).

Some barriers are common than others in different professions such as lack of time which was listed as a barrier by nurses (White et al. 2000), teachers, HR professionals (Lohman 2005), and IT professionals (Lohman 2009). Nevertheless, Lohman (2005) found a difference in the degree of influence of time restriction, where teachers found it to be more discouraging to learning compared to HR professionals. On the other hand, factors that can enhance or facilitate learning were categorised by Crouse and colleagues (2011) into six groups that included: structural, cultural and managerial support (e.g. creating a culture conducive to learning); task/job related factors (e.g. autonomy, flexibility, and challenging work); role of others (e.g. contacting and involving others); assisting learning (e.g. providing courses and learning needed for the job, and providing feedback); personal attributes (having positive attitudes and

being open to new learning); and increasing resources (like technology and HRD resources).

Creating a culture conducive to learning was identified as a facilitator of learning in different professions like in manufacturing (Ellinger and Cseh 2007), accounting (Hicks et al. 2007) and management (Doyle et al. 2008). Furthermore, some facilitators were identified to have a greater impact on specific group compared to others. For example, managers and partners found flexibility in work to be a greater facilitator of learning compared to trainees (Hicks et al. 2007). Although workplace learning aims mainly at positively enhancing the job performance of employees (Reio and Wiswell, 2000) leading to outcomes at the individual level like increased skills or organisational level like increased profits (Crouse et al., 2011), the challenge of producing such outcomes still persist.

Therefore, it does not matter if the training is provided in-the job or off-the job, whet matters if trained skills are applied to enhance performance. Some of these hindering and facilitating factors will be discussed again as they are found to influence the transfer process which can be a possible explanation of how they are affecting the effectiveness of developmental intervention in-the-job or off-the-job.

2.7 Summary

This chapter aimed at introducing the different forms of professional development interventions in- and off-the-job. Organisations have the responsibility not only to provide opportunities to their employees to develop themselves and their performance but also to ensure that acquired knowledge and skills are implemented to their work leading to positive outcomes for both the individual and organisation. Therefore, organisations will have to provide opportunities and support whenever needed to allow application of what was learned in the developmental intervention to the workplace. Regardless of the form of developmental interventions utilised, on-the-job or off-the-job, organisations have to evaluate these interventions. Training transfer is a key evaluative measure that is an important indicator that interventions are successful and can lead to positive organisational outcomes.

Therefore, a key aim of this research is to investigate faculty members' perceptions of factors influencing their transfer behaviour due to its importance as an indicator of training effectiveness. It is clear that training transfer is complex because it is affected by different factors in different contexts including the training context and the work environment (Baldwin and Ford, 1988; Cheng and Ho, 2001; Holton and Baldwin, 2003; Rouiller and Goldstein, 1993). Training transfer is an outcome that organisations aspire to attain to bring positive change in individuals behaviour and the performance of the organisation. It is influenced by different factors in the form of trainee characteristics, training design and work environment. These factors will shape the degree and form of transfer that individuals will exhibit in their work. In addition, training transfer is a behaviour that trainees are expected to exhibit, but any behaviour is preceded by a decision that the individual makes to take an action or not.

Consequently, it is important to understand how and why trainees might decide to transfer or not. The following chapter discusses social psychology theories - specifically the theory of planned behaviour - as means to understand how and why these factors influence trainees' transfer behaviour. Concluding with the study's conceptual framework and research questions guided by the literature of this study.

Chapter 3. Using social psychological theory to understand transfer behaviour

3.1 Introduction

Chapter 3 begins by introducing a number of psychological theories recommended in the literature to understand individuals' behaviours, in general and for training transfer in particular. The remainder of the chapter discusses in detail the theory of planned behaviour and its components; intention, attitudes, subjective norm and perceived behaviour control.

3.2 Social psychology theories

Different theories have been utilised by different researchers trying to understand the training transfer process or some aspects of the process (Weisweiler et al., 2012). In this chapter social psychology theories of relevance to this study will be discussed. Social psychology theories were suggested to be valuable in understanding individuals' transfer behaviour because they look at the individual behaviour within its social context explaining how the behaviour is influenced by different situational factors (Weisweiler et al., 2012). Laker and Powell (2011) emphasised that these theories would help in explaining the factors that make soft skills training transfer more difficult when compared to hard skills. Examples of social psychology theories which examine work environment determinants include social identity theory (Tajfel, 1978), theories of social norms (Cialdini and Trost, 1998). Weisweiler et al. (2012), goal setting (Locke and Latham, 1990), implementation intentions (Gollwitzer and Brandstätter, 1997), mental contrasting (Oettingen et al., 2005), self-efficacy (Bandura, 1977) and the theory of planned behaviour (Ajzen, 1991). All of these theories have been used to help understand individual transfer behaviour, however, Ajzen's theory of planned behaviour offers a more comprehensive approach to understanding training transfer behaviour. Since the aim of this study is to provide a holistic understanding of training transfer behaviour at the individual level, the theory of planned behaviour was selected for this study.

3.3 The theory of planned behaviour and decision making process

Individuals can be described as decision seekers or decision averters. This is clear in the definition of decision attitude by Beattie et al. (1994, p. 129-130) as "the desire to make or avoid decisions, independent of any consequence that they achieve". Decision seeking is when action is taken to move towards a specific goal. On the other hand, decision avoidance can take different forms like: no change, no action, or delaying an action. Different factors can affect decision making like: individual and environmental factors. Decision avoidance as discussed in the conflict model of decision making (Janis and Mann, 1977) can take two forms: (a) taking no decision and staying in the status quo because there is no risk of doing so (unconflicted adherence); and (b) being at risk but taking no decision by ignoring it, shifting responsibilities to others, or giving reasons for taking inferior options. Most researchers focus on what motivates individuals to take action but ignore the fact that individuals can decide to take no action and that can be because there is no need for an action to be taken or because an opportunity is not present at the time and it is better to conserve energy for a later time when action is needed (Anderson, 2003). The decision making process is a complex phenomenon that can have more than one cause and is influenced by many factors. Therefore, studying the decision making process can shed light on decision seeking (motivations of an action) and decision avoidance (triggers of no action) factors.

Cheng and Hampson (2008) in their review recommended utilising the theory of planned behaviour in future studies to understand how trainees decide to transfer training. The theory was also suggested by Gegenfurtner et al., (2009b) to be used to further our understanding of transfer motivation. This theory (Figure 2) focuses on intention, and its antecedents, as a key element in explaining behaviour (Ajzen 1991; Fishbein and Ajzen 1975). Intention which captures the motivational factors has an essential role in the theory of planned behaviour because individuals who have strong intentions to perform in a certain way have a higher chance of performing that behaviour if it is totally under their volitional control. As many workplace behaviours are under incomplete volitional control of individuals, thereby other non-motivational factors (actual behavioural control, like availability of resources) have to be present with intentions to perform the behaviour. In addition to actual behaviour control, the theory of planned behaviour accounts for perceived behaviour control which refers to

the level of confidence that the individual has on being able to perform the behaviour (Ajzen, 1991). The addition of perceived behavioural control is what differentiates the theory of planned behaviour from the theory of reasoned action (Fishbein and Ajzen, 1975). Perceived behavioural control is consistent with Bandura's (1982) concept of self-efficacy.

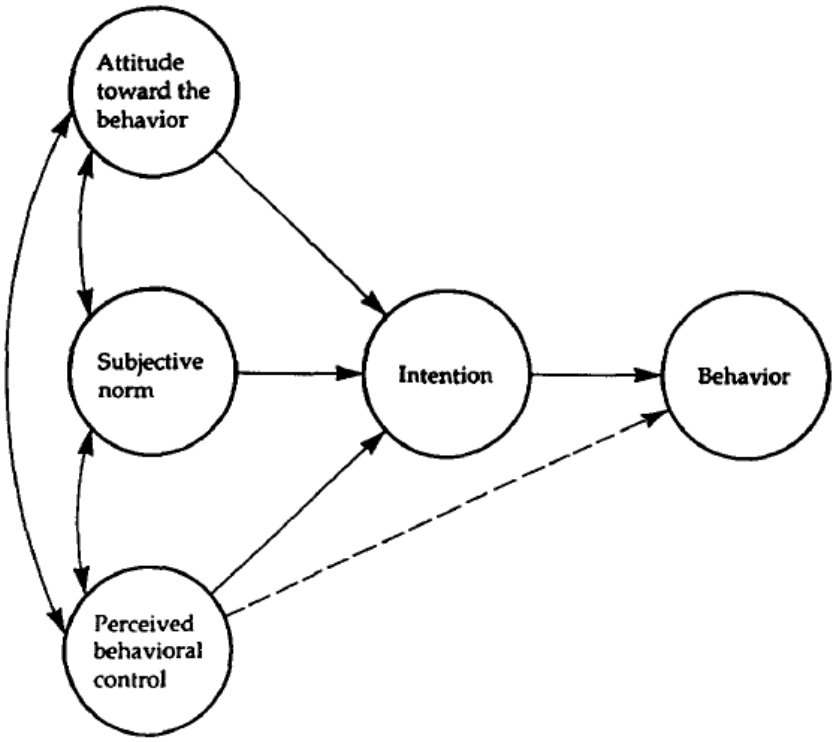

Figure 2. Theory of planned behaviour (Source, Ajzen, 1991).

Individuals build expectations of achieving specific goals according to the fantasised goals and behaviours they are wanting to achieve and the reality hindering situations (Oettingen, 1996). This contrast between fantasies or desires and reality or feasibility is referred to as mental contrasting (Oettingen et al., 2005). Mental contrasting can lead individuals to build expectations of how successful they can be in achieving their goals. Usually individuals commit to goals if their expectation of success is high or withdraw otherwise (Oettingen et al., 2005). To overcome hindering situations and set realistic achievable goals, two interventions were suggested by Weisweiler et al. (2012), role plays during training should be implemented to encourage trainees to think about obstacles they can face in their workplace when trying to transfer their learning. In addition, after training, supervisors and peers can provide continuous feedback to

trainees allowing them to reflect on their goals, discuss possible hindering factors and how to overcome them. According to the theory of planned behaviour, intention and perceived behavioural control can directly predict performing behaviour. The more realistic is the perceived behavioural control (reflecting actual control), the more accurate it can be in predicting the chance for a successful attempt to perform behaviour (Ajzen, 1985). Therefore, it is possible to say that motivation (intention) and ability (behavioural control) build the bases for performing behaviour (Ajzen. 1991). For intention and perceived behavioural control to accurately predict behaviour: (a) measures of both must be compatible with that specific behaviour; (b) must remain stable between measurement and observation of both; (c) perceived behavioural control have to be accurate (Ajzen. 1991). Prediction of behaviour through intention and perceived behavioural control can change with the change of behaviour expected and the situation in which the behaviour takes place. For example, how much volitional control the individual has over the behavioural achievement is important. If an individual has complete control over performing behaviour then intentions alone can predict behaviour and as control over behaviour decreases the need for perceived behaviour control would increase (Ajzen. 1991). According to review studies (Ajzen, 1988; Sheppard et al., 1988 cited by Ajzen. 1991) intentions can predict behaviour accurately when there is no difficulty faced over control of behaviour. For example, the choice of voting in an election was predicted by intention while participating in election was predicted by both intention and perceived behavioural control because level of control decreased (Ajzen, 1991). Most empirical studies have found no significant interaction between intentions and perceptions of behavioural control (Ajzen, 1991).

3.3.1 Intention and motivation

Intention can be referred to as the end of the motivational process leading to initiation. Applying this to training, both motivation and intention to transfer are affected by the same individual and environmental factors (Al-Eisa et al., 2009). Although setting a goal to transfer and intending to achieve that goal has been associated with intention to transfer (Smith et al., 2008), it does not ensure implementation of actions leading to actual transfer. Therefore, Gollwitzer (1999) argued that implementation intentions are more effective than goal intentions in showing actual behaviour of learning transfer.

Implementation intentions are usually in the form of if-then plans, so if situation A is encountered-then behaviour B will be initiated- so goal C can be achieved. Gollwitzer and Sheeran's (2006) meta-analytic review found that implementation intentions are effective in implementing actions and achieving goals even in impeding situations such as environmental constraints, personal conflicting goals, and personal uncertainties.

In the training literature, the trainee's motivation has received more attention (when compared to intention) as an important contributor to the transfer of training (Baldwin et al., 2009). Lim and Johnson (2002) identified motivation to transfer as a primary supporting factor of training transfer. Some studies refer to training motivation as the most important factor for training effectiveness (e.g. Mathieu et al., 1992; Cannon-Bowers et al., 1995; Baldwin et al., 1991; Kontoghiorghes, 2004; Bell and Ford, 2007). In addition, theoretical models (e.g. Cannon-Bowers et al., 1995; Holton, 1996, 2005) have highlighted the importance of training motivation in influencing the relationship between the variables associated with training (e.g. training programme characteristics) and training effectiveness.

Some studies have found a direct positive relationship between motivation and transfer. Other studies have found a mediating effect of motivation between the different predictors of transfer and the transfer of trained skills on the job. The impact of motivation to transfer and pre-training motivation on the transfer of training was also established (e.g. Chiaburu and Lindsay, 2008; Chiaburu and Marinova, 2005). Few studies have compared the different types of motivation and its effect on transfer (Grossman and Salas, 2011). One of these studies was conducted by Chiaburu and Lindsay (2008) comparing the relationship between both motivation to learn and motivation to transfer, and training transfer. They found that motivation to transfer had a stronger relationship with transfer than motivation to learn which is expected as Ajzen (1991) stated that intention studied should be specific to the behaviour examined. Training effectiveness models (e.g. Cannon-Bowers et al., 1995; Holton, 1996, 2005) also emphasised the effects of training motivation on training effectiveness by influencing the relationship between the factors associated with training (individual, training programme, and organisational characteristics) and

training outcomes. In the nursing literature, Puetz (1980) found that motivated and competent practitioners seek out opportunities for continuous training and development. These practitioners were also found to show more improvement than others who are less motivated (Siqueland et al. 2000).

Noe (1986) also suggested a mediating effect of motivation to transfer between learning and behaviour change. Latham (2007) supported this notion by arguing that even if the antecedents of transfer are provided (e.g. opportunities to use training) unless the trainees are motivated to initiate the behaviour of transfer, no transfer of training at work will occur. However, there are still some doubts that motivation has significant explanatory power in explaining the effects of antecedents on the transfer process due to poor evidence (Holton et al., 2000; Kontoghiorghes, 2004; Pugh and Bergin, 2006). According to a recent review by Gegenfurtner et al. (2009b) it was suggested that the only factor that mediates the relationship between the predictors of transfer and training transfer is transfer motivation. At the same time in their review they called for more empirical research to provide evidence of such proposition.

Adding further to the complexity of what determines training transfer, it has been argued that individuals' motivation to apply what has been learned during training is both dynamic and multidimensional. Motivation is a dynamic phenomenon (Atkinson and Birch, 1970) that changes with time due to different evolving internal and external forces. According to Gegenfurtner et al. (2009a) researchers should consider this nature when investigating transfer motivation. There is a call for more longitudinal design studies to capture the dynamic nature of motivation to investigate the changes in the level of motivation and the factors that determine that change (Yelon et al., 2004). One of the studies that provided evidence of the dynamics of transfer motivation was conducted by Leitl and Zempel-Dohmen (2006) who examined transfer motivation directly after training and three months later. They found that the level of motivation decreased after three months but this decrease was alleviated by providing supervisor support. Motivation was classified into intrinsic and extrinsic, according to Deci and Ryan's (2000) self-determination framework. Intrinsic motivation reflects taking actions due to internal reasons (e.g., enjoyment) while in extrinsic motivation the action is delivered due to reasons outside the self (e.g., rewards). Extrinsic

motivation can be either autonomous or controlled; both are triggered by external factors but the former is incorporated and regulated internally while the latter is completely regulated by external reason. According to Gegenfurtner et al.'s (2009b) review, past research examined transfer motivation mainly as a one-dimensional phenomenon and disregarded the different dimensions of motivation like; intrinsic and extrinsic motivation; expectancies, instrumentalities, and valences. In this study, it is suggested that intention to transfer captures individuals' motivational aspects.

In the theory of planned behaviour (Ajzen, 1991) intention is found to be determined by three key elements: attitudes toward behaviour (personal evaluation of behaviour as favourable or unfavourable); subjective norm (perception of social pressure on performing or not performing behaviour); and perceived behavioural control (perception of level of ease or difficulty of performing behaviour) (Ajzen, 1991).

3.3.2 Attitudes towards transfer

Firstly, researchers have identified different attitudes that can affect different behaviours within the organisation like attitudes towards career, organisation, or job. According to Kraus' (1995) meta-analysis, attitudes should be specific and reflect the behaviour under study (Alliger et al., 1997). Consequently, if studying the training transfer process, attitudes towards transfer should be examined as a predictor of intention to transfer. Some researchers found that attitudes toward transfer can be influenced by past experience, perception of environment (Ajzen, 2002), and transfer climate (Yamkovenko and Holton, 2010). Other empirical studies have also linked attitudes toward training and motivation to attend (Facteau et al., 1995), motivation to learn (Tannenbaum and Yukl, 1992), and motivation to transfer (Bates, 2001; Naquin and Holton, 2002; Seyler et al., 1998).

Applying expectancy theory (e.g., Smith et al., 2008; Yamnill and McLean, 2001) to training transfer, it is suggested that trainees will be motivated to attend and learn from training programmes if they believe: (1) they can gain knowledge or skills by committing to the training programme (expectancy); (2) that attending and learning new skills will lead to positive outcomes like enhanced job performance (instrumentality); and (3) that outcomes obtained from training would be desirable and valued (valence) (De Simone et al., 2002). According to Lyon et al. (2011) information

provided about how the content is going to advance or solve a problem in their current practice (Soumerai and Avorn, 1990) is essential to increase practitioners' motivation to participate and to be equipped with higher commitment towards implementation at a later stage. These expectations were also found to affect the early stages of training motivation (pre-training motivation) which is positively related to training transfer (Chiaburu and Lindsay, 2008; Chiaburu and Marinova, 2005; Green and Skinner, 2005). Furthermore, these expectations have been found to have significant effects on trainees' transfer motivation (Bates, 2001; Bates and Holton, 2004; Devos et al., 2007; Kirwan and Birchall, 2006; Naquin and Holton, 2002).

3.3.3 Subjective norms

The second element of the theory of planned behaviour concerns the role of subjective norms. The social context of the workplace is essential for training transfer and this is evident in the different transfer models and research where social support is considered as one of the significant factors influencing transfer (Baldwin and Ford, 1988; Chiaburu et al., 2010; Tracey et al., 1995). Individuals have the tendency to try to belong to a group who they identify with, share information, space or community, or values and beliefs (Festinger, 1954). Therefore, once an employee joins a workplace they tend to identify to a group with which information is shared and social norm is constructed. Weisweiler et al. (2012) argue that the topic needs further study to understand the processes of social support that influences the transfer process. Transferring new learning to the workplace is a form of development that brings change to the workplace that already has social norms and expectations that regulate any change that occurs within the boundaries of the work context (Cialdini and Trost, 1998). The extent of employees' contribution to change is shaped by the social identification process (Tajfel, 1978; Tajfel and Turner, 1986). This describes employees' sense of value and belonging to the organisation which can develop through the interactions and comparison with different groups like managers, supervisors and peers (Festinger, 1957). Consequently, the subjective norm does not have to be the same for all trainees in one context because each individual has their own groups that they value and as a result influence their transfer (Cheng and Hampson, 2008).

3.3.4 Perceived behavioural control

Finally, perceived behavioural control reflects one's confidence of being able to perform but has to be realistic when considering ability to control external factors (Ajzen, 1991). Al-Eisa et al. (2009) in their study examined the effect of self-efficacy and motivation to learn prior to training on transfer intention, and found that both factors had a modest effect on predicting intention. Motivation to learn had more influence than self-efficacy. Empirical findings within Ajzen's study (1991) showed that both attitudes toward specific behaviours studied and perceived behavioural control predicted intentions while subjective norms had mixed findings with no distinct pattern in predicting intention. This may be because some sets of behaviours are affected more by personal concerns compared to social pressure.

3.4 Conceptual framework and research questions

The primary research question guiding this study is to explore when and why teaching faculty decide to transfer their learned knowledge and skills from training to their workplace, or decide to avoid such behaviour? The conceptual framework for exploring this research question was guided by the literature presented in Chapters 2 and 3. In particular, it draws from Baldwin and Ford's framework and the theory of planned behaviour.

3.4.1 Baldwin and Ford's framework

A lot of interest in studying the training transfer process developed after the review conducted by Baldwin and Ford in 1988 in which they constructed a framework listing three main input factors (trainee characteristics, training design and work environment) that influence training outcomes and transfer. A lot of studies that followed Baldwin and Ford's review utilised their framework trying to confirm or decline the propositions presented in their study. These empirical studies were mainly quantitative studies which helped in confirming the importance of transfer in organisations and provided evidence of the significance of the influence of different individual and situational factors. These studies and the original framework informed this research by highlighting the importance of social support from supervisors, peers and subordinates (forming research Sub-questions: Q 1.1, Q 1.3) on training transfer. Additionally, a positive transfer climate (utilising training transfer interventions

leading to a positive training transfer environment) within the workplace was emphasised by these studies as a main factor influencing training transfer (forming research Sub-questions: Q 1.2, Q 2.2, Q 2.3, and Q 3.2). Furthermore, availability or lack of opportunities to use trained skills in the workplace were found to be main facilitating or hindering factors respectively (Lim and Johnson, 2002) (forming research Sub-question: Q 2.1)

Nevertheless, these studies were criticised by focusing on describing the factors that affect transfer but not investigating how to efficiently manage them within the organisations (Cheng and Ho, 2001). The same was also demonstrated by Holton and Baldwin (2003) when they stated that 'most existing authors have stopped at the point of identifying, describing, or measuring factors that may influence transfer without investigating how those factors might be effectively changed or managed' (p.460). Consequently, the need for theory driven transfer research was indicated by reviews like Blume et al. 2010 when they stated "It is the investigation of theory-driven substantive issues such as these that will most advance the field in the years ahead". Recently there is a lot of interest in social psychology theories to reply to this call for more theory-driven transfer research as suggested by Blume et al. 2010.

3.4.2 Theory of Planned Behaviour

Cheng and Hampson (2008) stated that no matter the type of training (formal or informal), when it comes to transferring trained skills, trainees have the choice to decide what to transfer and how to transfer into the job especially in the case of open skills. Therefore, they suggested a social psychology theory that focuses on the relation between behavioural intentions and the behaviour itself, called the theory of planned behaviour. They proposed that it can clarify the transfer factors (antecedents to transfer intention) that have been found significant in influencing individuals transfer behaviour in previous transfer research. The antecedents of transfer intention in this theory are: attitudes towards training transfer (forming research Q 3 and Sub-questions: Q 3.1, 3.3, 3.4), subjective norms (forming research Q 1) and perceived behaviour control (forming research Q 2 and Sub-question Q 2.4). Therefore, the theory of planned behaviour is the other theoretical framework underpinning this research. This theory would allow studying the decision making process of trainees

giving more insight to how the transfer process is occurring and when and why trainees decide to transfer or not transfer the skills they learned in training (Blume et al. 2010). In addition, the findings of this study would allow the development of a decomposed version of the theory of planned behaviour with factors from Baldwin and Ford framework (Figure 3).

The general research question was further divided into three main research questions and corresponding sub-questions.

Research Question 1 (RQ1): To what extent do subjective norms within the organisation influence trainees' decision to transfer training?

RQ1.1 Does social support from supervisor or/and peer support after training in the form of providing continuous follow up and positive feedback on performance, positively influence employees intention to transfer?

RQ1.2 Can supervisor support prior to training through helping employees to set specific proximal goals to be achieved during and after training influence employees' intention to transfer?

RQ1.3 How does individuals' expectations from their referred group (supervisor or peers) influence trainees' attitudes towards transfer?

Research Question 2 (RQ2): How do trainees perceive the transfer opportunities provided to them in their organisation and their ability to transfer after attending training programmes?

RQ2.1 Would ensuring availability of resources lead to higher perception of ability to transfer trained skills to the job?

*RQ*2.2 Can a*djusting workload positively influence trainees' perceived behaviour control?*

RQ2.3 Does perceived behavioural control improve after training by putting an action plan for application of skills (transfer) with their referred group (supervisor or peers)?

RQ2.4 Trainees expecting to transfer easily (with high perceived behavioural control), will they have higher intention to transfer?

Research Question 3 (RQ3): To what extent trainees' perceive their training transfer as a favourable or unfavourable behaviour and how it influences their decision to transfer?

RQ3.1 Individuals with more positive training and transfer experiences, will they have more positive attitudes to transfer trained skills?

RQ3.2 Does recognition (from students, peers, supervisors or/and management) and reward system within the work place will influence trainees' attitudes towards transfer?

RQ3.3 Trainees with higher perceptions that their transfer behaviour would result in positive outcomes (Instrumentality), will they have higher intention to transfer?

RQ3.4 Can trainees who perceive that outcomes achieved by transferring trained skills are of value to them (i.e. have high valence) have higher intention to transfer?

3.5 Summary

Training transfer research is vast and it has come a long way in identifying factors that can influence transfer. Different factors were identified under three main categories of Badwin and ford framework: trainee characteristics, training design and work environment. This management and education literature focused more on what organisations should do to enhance training transfer with the lack of focus on understanding training transfer as a process/behaviour. On the other hand, social psychology theories like theory of planned behaviour focuses on how individuals decide to transfer training or not? Both literatures are part of this study which is focusing on faculty decisions to transfer and the influence of the different factors within the context of the organisation on their decision.

There still exists a transfer gap between research and practice. This has directed researchers to utilise different theories to explore the training transfer process. This study aims to contribute to understanding the transfer process by exploring transfer behaviour from the perspective of faculty, utilising a social psychology theory (the theory of planned behaviour) to explore the different influences on trainees; decision to transfer what they have learned in training. Utilising the theory of planned behaviour in this study also enrich and contributes to the scarce research on training transfer

utilising such theories. This chapter concluded by presenting the conceptual framework provided by this theory and research questions. The following chapter presents the empirical study exploring these questions.

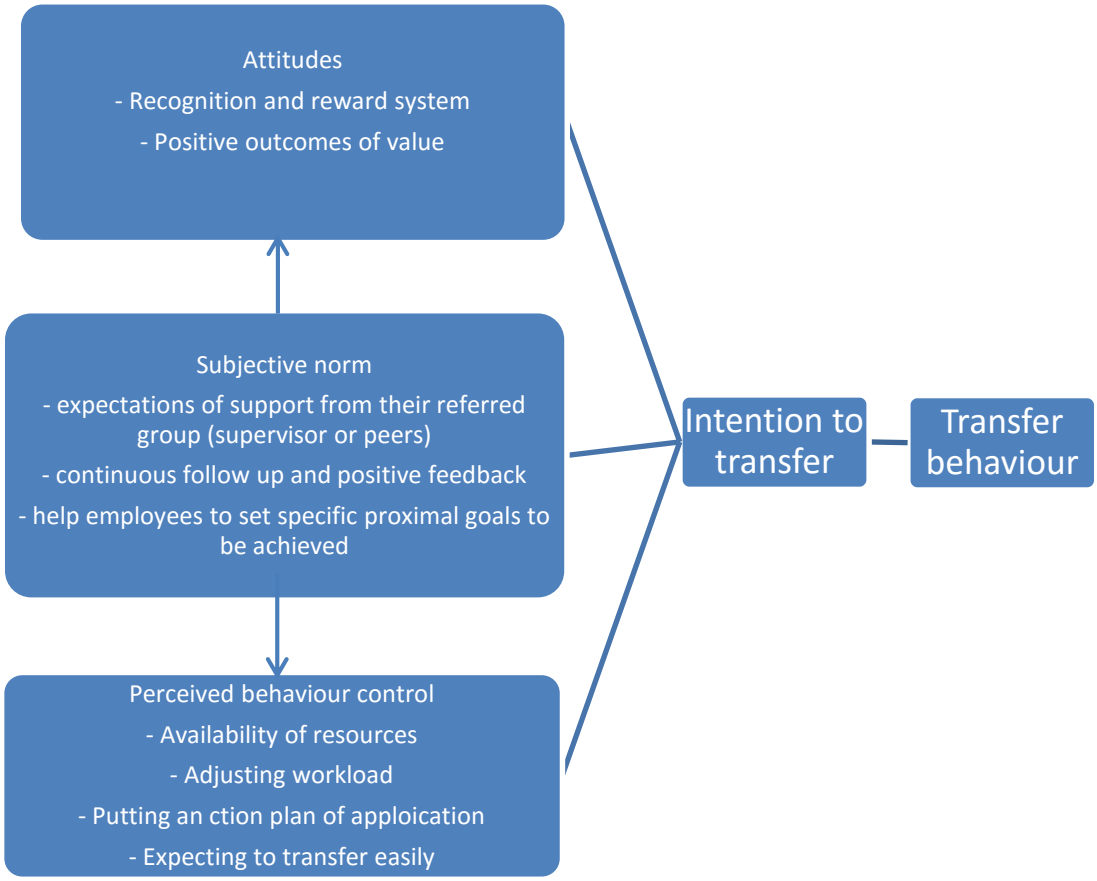

Figure 3. Conceptual framework

Chapter 4 Research methodology

4.1 Introduction

This chapter describes the research study designed to explore the research questions. This research design is based on a case study involving two higher education institutions within the Ministry of Health in Oman and the teaching faculty and supervisors within ten departments. The training transfer phenomenon under study is believed to be socially constructed by individuals influencing and being influenced by the specific context surrounding them, justifying the use of a qualitative research strategy. The case study approach is utilised to give a deeper understanding of the phenomenon under study within a particular context. The chapter begins by discussing methodological approaches related to training transfer and research designs commonly used. It then introduces the chosen research design. Thereafter, participant selection, data collection and data analysis are described and the chapter concludes with a consideration of the trustworthiness of the research.

4.2 Research context: the choice of case studies in Oman

The research context is teaching faculty within Oman's higher education system. Oman's health education institutes were chosen as case study organisations and locations for exploring teaching faculty's' transfer of training to their workplace. Such a qualitative study is seldom found in studies of training transfer or when utilising the theory of planned behaviour to explain individual outcomes. It starts with a general overview of Oman's location, population, and political system. It then provides description of the Higher education system in Oman.

4.2.1 Location

The Sultanate of Oman is located in the continent of Asia within the Middle East. It is situated in the Arabian Gulf region and is part of the Gulf Cooperation Council (GCC). Oman occupies the south-eastern corner of the Arabian Peninsula and is the third largest country after the Kingdom of Saudi Arabia and the Republic of Yemen, with a total land area of 309,500 square kilometres (Ministry of Information, 2017). It shares borders from the north with United Arab Emirates, the west with Kingdom of Saudi

Arabia, and the south-west with the Republic of Yemen. Oman is divided in eleven governorates since 2011: Muscat, Dhofar, Musandum, Al Buraimi, the Dakhilyah, the North Batinah, the South Batinah, the South Sharqiyah, the North Sharqiyah, the Dhahirah, and the Wusta (Ministry of Information, 2017). The capital city of Oman is Muscat which is located in the governorate of Muscat.

4.2.2 Population

The population of Oman, according to the 2016 census is 4,550,538 of whom 2,462,768 (54.1%) are Omani citizens and 2,082,478 (46.1%) non-Omani citizens (Ministry of National Economy, 2016). It is an oil dependent country, seen as a middle-income state compared with the neighbouring Arab Gulf countries. Islam is the religion of the country and Arabic is the official language (Ministry of Information, 2017).

4.2.3 Political system

The system of government in Oman is a hereditary monarchy. His Majesty Sultan Qaboos bin Said is the current Head of country and Prime Minister. Under the Sultan comes two types of councils: the Council of Ministers, and Special Councils and Committees (Al Obthani et al., 2013). These Councils assist the Sultan in formulating and implementing general country policy for economic, social and administrative development. Members within the Councils are appointed by Royal decrees. Ministers are responsible to implement the country policy within their jurisdictions in the three main entities of their specific Ministries (Figure 4).

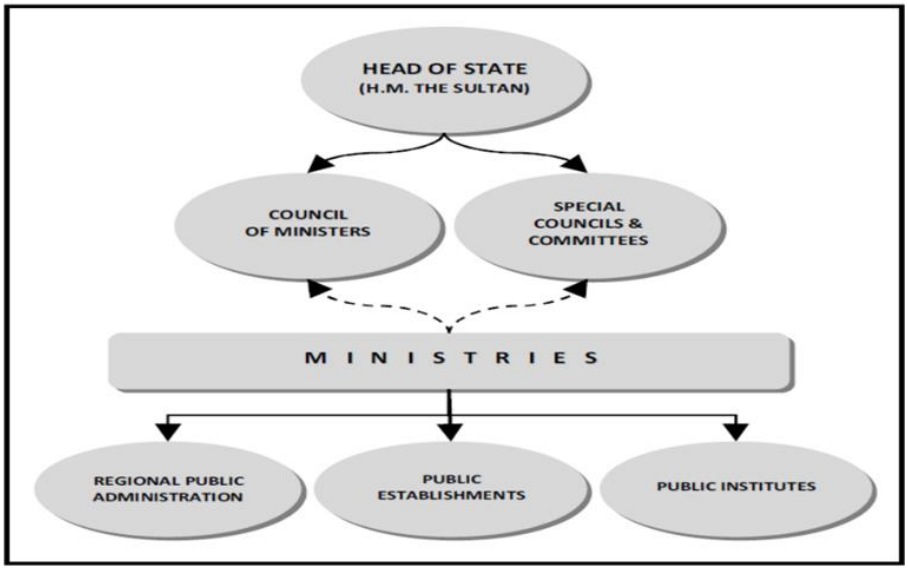

Figure 4. Oman's Government System (Source: Al Obthani et al., 2013 p.57)

4.2.4 Higher education in Oman

In the past two decades, the higher education system in Oman has grown rapidly, both in the government and private sectors. The Ministry of Higher Education was established in 1994 to increase the number of higher education institutions available and to ensure that diversified programs are offered to meet national job market requirements.

Royal Decree No. 65/98 established the Council of Higher Education in 1998. The Minister of the Diwan of the Royal Court was appointed as the president of the Council and the Minister of Higher Education as the vice president. It also contains a number of ministers concerned with the educational and training process. The Council's mandate include formulating and setting objectives, policies and strategies for the education system as a whole, and for allocating tasks and responsibilities for individual organisations (Official Gazette, 1998). In addition, the Council's mandate also includes reviewing challenges facing higher education and proposing suitable solutions.

Different Ministries and Institutions are responsible for implementing the policies and strategies approved by the Council of Higher Education. The current public higher education Institutions in the country include one public university in the country (Sultan Qaboos University), and different public Institutions (Colleges of Applied Science, Colleges of Technology, Health institutes) focused on specialisations

including Nursing, Islamic studies, and financial studies. (Figure 5). Graduates from secondary school in the education system proceed to either a four-year higher education programme or a technical and vocational training of up to three years. This depends on students' score in the final year of secondary general examinations, and the number of places offered by higher education Institutions.

A Royal Decree was issued in 1996 to promote the development of private higher education in the Sultanate (Ministry of Higher Education, 2017) to aid in the development of human resources by offering opportunities for those who were not able to enter public higher education Institutions. The increasing growth of population has created some challenges for the public higher education sector as the number of secondary school graduates has increased considerably.

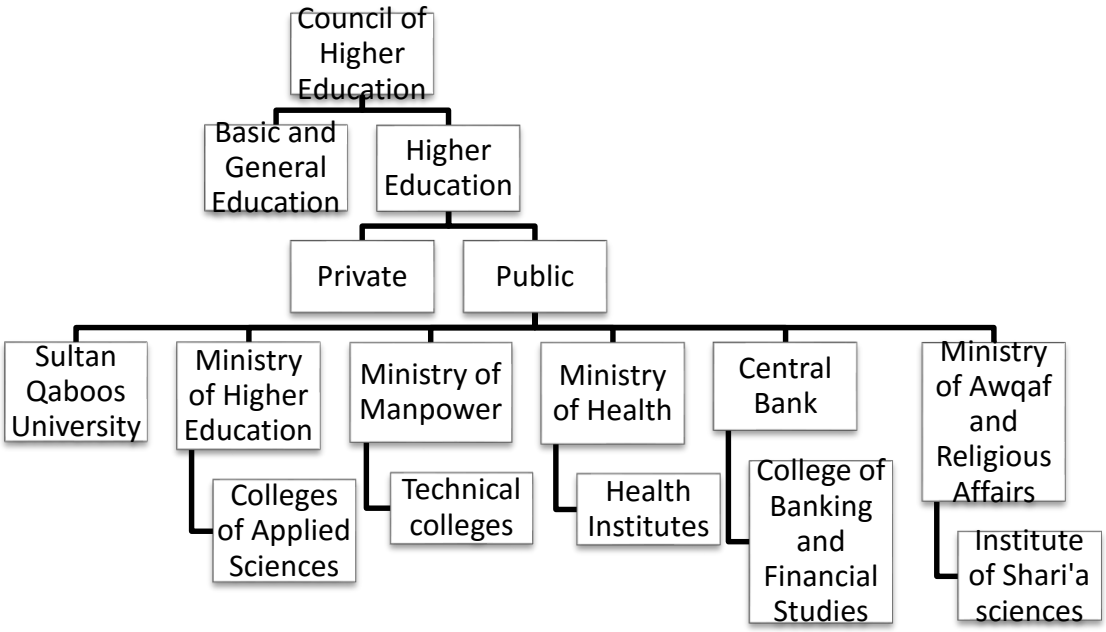

Figure 5. Higher Education System in Oman

4.2.5 Health institutes

Ministry of Health (MOH) educational Institute are under the direct supervision of the Director General of Education and Training (DGET) according to the bylaws set by the MOH. Each Health Institute is managed by a Dean who is the Head of the Institute and directly reports to Director General of Education and Training, and an Institute

Management Council. Under the Dean are the administration and finance department that constitute non-faculty members; the different speciality departments that hold faculty members; and committees with a group of employees from different departments. All faculty members are part of at least one department according to which subject they are teaching. In addition, the Institutes are governed by the Higher Council (HC) under the Minister of Health, and the Technical Committee (TC) under the Undersecretary of Planning Affairs.

The DGET is responsible for providing all the necessary resources and support for health education Institutes in Oman by acting as a link between the Institutes and MOH. Furthermore, different training programmes at the health Institutes are planned and implemented by the Department of Continuous Professional Development (DCPD; short and medium-duration national training programmes) and the Department of Training and Scholarship (long-duration training programmes) that operate under DGET who reports to the Undersecretary of Planning in the Ministry of Health (See Appendix A - Organisation Structure of MOH and Appendix B- Organisation structure of DGET). Nevertheless, most of the training programmes conducted within the Institutes are initiated and organised by the staff development committee (focal point of DCPD) within the Institutes mainly in the form of seminars.

4.3 Methodological approach to understanding training transfer behaviour and intentions

This research is influenced by a philosophical tradition where reality is posited as being subjective, constructed by social interactions between individuals, and is given meaning by individuals in a specific context at a specific time (Easterby-Smith et al, 2008). Therefore, this philosophy is based on understanding and explaining the meanings that people construct about the phenomenon from their experiences within their context. This is reflected in the method used in this study as individuals were interviewed to understand their transfer behaviour and the influence of work environment factors on their actions from their perspectives. This is proposed to give information about the real situation that is occurring within the organisation and thus, will enable the development of a theoretical framework that mirrors this situation (Rosen, 1991).

Training transfer behaviour occurs in a social context, in this case, the workplace. Therefore, individuals' interactions and interpretations within the workplace build and develop such phenomena and are essential to be examined to give rich and deeper understanding. Thus, in order to capture the essence of the phenomenon under study, it is essential to: (1) present the different views observed about the phenomenon using multiple sources, and (2) use informative samples to provide in-depth understanding (Easterby-Smith et al, 2008). It is clear that this philosophical approach is embedded by a social constructivist point of view, examining the social processes creating a phenomenon like training transfer within the organisation (Creswell, 2009). Social constructivism is derived from the phenomenological tradition and it aims to explain the reason behind the multiple meanings and experiences individuals have within specific situations about a specific phenomenon. This philosophical approach is believed to be suitable for such studies examining organisational elements (Creswell, 2009) such as organisational culture, training and development processes and training transfer.

Although a phenomenological approach has many advantages, it has been criticised as being subjective and not based on any measurable evidence (Sanders, 1982). Furthermore, depending on the skills and experience of the researcher when collecting data adds to the subjectivity of outcomes and this approach in general. The phenomenological approach was also criticised for not being generalisable to other contexts than the one of the study. Despite the criticism, a phenomenological approach is suitable for this research because it allows an understanding of training transfer and the influence of work environment factors on individuals' actions from their perspective. It also provides deep and rich understanding (Bryman, 2008; Lewis and Staehler, 2010) of meanings they give to the training transfer processes within their work context (Creswell, 2009).

According to Creswell (2009) qualitative research allows us to listen to the participant's voice in their workplace to gather information of how they understand the phenomenon. Therefore, there has been a call for more qualitative studies that are more likely to succeed in providing deeper understanding about training transfer. This

should contribute to more effective transfer practices in organisations ensuring impact at individual and organisational levels and cost effective training.

A qualitative approach was considered the most suitable for this study because it could provide data about the meaning that participants give to the phenomenon in their natural setting allowing a contextual understanding (Bryman, 2008). There are two different approaches to understanding a phenomenon in qualitative research: nomothetic and idiographic (Gibbs, 2007). If the researcher is using an idiographic approach they will likely investigate the individual (or any case) as unique influenced by different internal and external factors even if similarities are found between this individual and other individuals participating in the study; the researcher will look for how these similarities are unique to that individual. In contrast, using a nomothetic approach the researcher will look for similarities and differences that individuals exhibit within the common features and laws that surround and apply to all. As the aim of the research is to understand the factors within the work environment influencing the participants' decision making and behaviour, the research is mainly using a nomothetic approach.

On the other hand, the training transfer literature is dominated by research based on quantitative studies using mainly surveys examining correlations and statistically understanding the relevance of different factors to training transfer. These methods are utilised by and related to a philosophical stance of positivists. Positivists view the world and reality as external entities that can be measured objectively and analysed statistically (Easterby-Smith et al., 2008). Researchers following this philosophical approach will also have to be objective and separate themselves from what they observe and to not contaminate the data collected with any prior assumptions or their own interpretations (Remenyi et al., 1998; Saunders et al., 2009). Therefore, the research methods used have to be able to quantify observations through statistical analysis allowing generalization and the replication of the study (Gill and Johnson, 2002). As Remenyi et al. (1998, p.32) stated "that the end product of such research can be law-like generalizations similar to those produced by the physical and natural scientists". Since the core aspect in this study to examine the different perceptions of

participants occurring within their social environment (Easterby-Smith et al., 2008), the qualitative approach was considered more suitable.

4.4 Case study design

Yin (2009) emphasises the case study design's ability to examine complex phenomena that have no clear and obvious boundaries with context. Robson (2002, p.178) also defined a case study approach emphasising its role in examining a "phenomenon within its real life context using multiple sources of evidence". The ability of a case study in providing meanings of complex phenomena and events through using small samples was also suggested by Torraco (1997, p.130). This author stated that a case study has the "potential for revealing the richness, holism, and complexity of naturally occurring events".

This is relevant to this study as the training transfer under study is a complex phenomenon that influences and is influenced by the context to an extent that separating the contextual factors can prove to be very difficult. In addition, understanding the organisational work environment and learning culture are essential in this study to present a deeper understanding of training transfer as a behaviour initiated by faculty members. Another advantage of using case studies is that the rich data collected allows researchers to explore and explain the phenomenon under study and the different situational dimensions within the specific context (Saunders et al., 2009). The specificity and uniqueness of the case under study becomes clearer as more information is collected about its culture and values. Therefore, by ensuring the inclusion of different environmental factors and processes influencing the training transfer within the organisation will give a rich and detailed understanding within each case.

Furthermore, focusing on a specific context within a case study gives it boundaries in which all the processes and interactions occur concerning the phenomenon to be examined (Creswell, 2009). However, it has also been criticised in that findings cannot be generalised out of the boundaries of the case under study to other contexts (Bryman, 2008). A case study approach can provide a rich understanding of meanings about the phenomenon under study which can contribute to theory (Yin, 2009; Saunders et al.,

2009). Nevertheless, attention to methods of inquiry utilised to collect data within the case study is essential to maintain uniformity throughout the entire research design to enable achieving research objectives (Yin, 2009).

Interviews conducted face-to-face with individuals were considered the best method to collect data and answer the research questions when compared to observations. To be able to answer the research questions using observations would be challenging and time consuming as it would be essential to follow each participant before, during and after attending training programmes to be able to observe the changes in their transfer behaviour. Therefore, using observations were not practical or possible due to limited resources.

In this study, two cases within the Ministry of Health in Oman were chosen. Multiple cases are recommended as they add more power (Blaikie, 2010; Yin, 2009) by allowing comparison that helps in building theoretical suppositions. Nevertheless, multiple cases are more costly in time and money as it produces a large volume of data (Blaikie, 2010). Another option was to conduct a single case study that allows the provision of rich data and at the same time is less time consuming (Yin, 2009) but it would not allow comparison of different factors influencing training transfer in different contexts. Both cases are major Health Institutes in the capital city of Oman (Muscat) under the same higher management but are with different administration and internal management team. These similarities and differences in management issues and work environment provide an opportunity to examine and explore the learning culture and training transfer practices within the two cases under study. The initial interest of the researcher in investigating the health educational institutions grew from being an employee in one of these institutes. The cases selected were representative of these health educational institutions, as one case represented nursing institutes and the other represented paramedical institutes. Being an insider gives a wider opportunity for access and data collection (Berg, 2007; Velada et al., 2007), especially in this kind of in-depth studies depending on getting access to a broad range of individuals to get a full understanding of the phenomena within its context. In addition, the training programmes investigated in this study were mainly opportunistic based on what was

relevant and available (Rausch, 2005; Yin, 2009) to participants before the beginning of interview conduction.

Data was collected from both cases using semi-structured interviews and documents retrieved from the Institutes and their website. The empirical unit of analysis within the cases was at the individual level and represented teaching faculty members and their supervisors. In addition, data from interviews was used to understand organisational level concepts, such as management style, learning and training policies and transfer processes and their effect on employees' transfer behaviour. This case study approach allowed meaningful comparisons between the two cases in relation to the research questions about training transfer behaviour, work environment and influences on individuals' decision making process. Therefore, this case study represents a unique view of training transfer which has been overlooked in previous studies. Case study approach with conducting semi-structured interviews was considered because of its richness and ability to give a holistic understanding of the phenomenon and its context (Bryman, 2008).

4.5 Participant selection and data collection

4.5.1 Selection of cases and participants

The cases choosing for this research are two major institutes under the Ministry of Health in Oman representing the two different types of health institute (nursing and paramedical). These institutes have the highest number of faculty members compared to other Institutes scattered all over the country. They are under different internal management and differ in speciality which can allow comparison between the two organisational cultures. It was essential to ensure that all participants had attended at least one training programme prior to the time of interview and this was noted in the information sheet as a criterion of participation. Since all faculty members are expected to have attended staff development courses arranged within the institutes and due to the relatively small number of faculty members within both institutes (103), all the faculty members were approached to volunteer in participating in the study. That included all faculty members present at the time of data collection as ten faculty were

on study leave for their higher studies and two were on maternal leave. There were two faculty members who recently joined the institutes and have attended at least one training programme but they were hesitant in answering questions related to training transfer policies at their institutes. Nevertheless, these new comers provided a good insight about the orientation system provided to members joining the institutes in relation to training and training transfer policies and culture.

In both institutes there were a positive response from faculty to participate in the study. In the nursing institute 100% out of 53 and in the paramedical institute 97% out of 38 available faculty members. One faculty member apologised as being busy with marking student projects. Faculty members in both institutes were of different nationalities, gender, level of education and experience. All faculty members participating were given a pseudonym at the time of interview for confidentiality and to build a comfortable and trustful environment during the interview.

4.5.2 Research participants

Being part of the nursing institute and knowing the hierarchy system of the working environment, it was essential to seek permission from the Dean of the institute to conduct the field study after getting the permission from ethics committee of the Ministry of Health. A letter of request to conduct interviews with faculty members was sent to the Dean with the information sheet and consent form. Thereafter, a memo was sent from management to all faculty members notifying them with the presence of the researcher within the institute to conduct the study and the aim and nature of the study. Participants were approached by the researcher using lists provided by the institute. An information sheet was provided to participants, in the initial contact, describing the independence of research from the organisation and emphasising voluntarism, anonymity and confidentiality. Participants from the two institutes were categorised into two groups (Table 1 and 2): supervisors (one per department), and trainees. The main aim of the study is to investigate the training transfer behaviour of trainees and the influence of work environment factors on their attitudes towards transferring what they have learned, subjective norm, perceived behavioural control and their decision

making process. Supervisors' voices were important to understand the dynamics within the institutes and understanding training transfer from different perspectives.

Med-Ed

Department	No. of faculty	No. of supervisors
Fundamentals of Nursing	13	1
Community health	9	1
Child health	13	1
Maternal health	10	1
Basic sciences	3	1
Total	48	5

Table 1. Participants from Med-Ed

Speciality-Ed

Department	No. of faculty	No. of supervisors
Basic sciences	3	1
Medical lab science	13	1
Radiography	6	1
Physiotherapy	6	1
Dental surgery assistance	4	1
Total	32	5

Table 2. Participants from Speciality-Ed

The participants in the trainee category were asked to talk about their training experiences and if they thought it was beneficial in enhancing their performance. Supervisors were interviewed, to gather different perspectives on training transfer, as they are part of the work environment, identified as the main groups that can influence the transfer behaviour of individuals (Baldwin and Ford, 1988). At the institutes' level to investigate organisation learning culture and management style, three management team members in both institutes were contacted but only one agreed to participate as both Deans were busy in official assignments and were not around at the time when the invitations to participate were sent to them via their emails but all supervisors were

members of the institute management board. In addition, two managers within the Directorate of Continuing Professional Development were approached to participate in the study and both agreed to participate. Approaching potential participants was expected to be easy as the researcher is an insider who is familiar with the institutes' environment and has good relations with individuals within the institutes but with the busy schedule of faculty members, rescheduling of meetings was common which was a challenge especially when last minute changes occur due to sudden assignments of faculty members to different locations out of the institute. Having good relations with some individuals proved beneficial especially in a qualitative study like this where in-depth data is needed but the researcher was also cautious of any bias due to this prior knowledge of the work context of the cases under study (Crotty, 1998). Although a lot of changes have happened since 2009 when researcher started the study leave like: the merger of two nursing institutes, having new Dean with new management arrangements, and the Arab spring rise happened during this period in which students went on strikes and at that time the decision of changing the Dean was taken.

As the researcher was gathering data at different levels and from different perspectives it is described as a heterogeneous sample (Creswell, 2009). The sample size of heterogeneous population is usually larger than the homogeneous ones. Guest et al (2006) suggest that 12 in-depth interviews within a homogeneous group can be adequate, while Creswell (2009) suggests that 25 to 30 interviews would be expected in general. The same number of 20 to 30 interviews was recommended by Warren (2002) as a minimum for a qualitative study as a criteria to enable the publishing of the study. According to Bryman (2008) quality of the sample chosen and a solid justification of reasons for choosing it, is more important than the quantity. Therefore, the purposive sampling utilised within this research yielded 93 participants (90 faculty members and 3 managers) that is justified and adequate for answering the research questions. In total 90 faculty members were interviewed of which 73% were female and 27% were male. Most of participants (56%) were within age group 31-35 years and 36-40. 64% were Master holders (Table 3).

Speciality-Ed Med-Ed

Gender	Female	20	46
	Male	17	7
Age group	20-25	1	-
	26-30	3	6
	31-35	10	20
	36-40	9	12
	41-45	6	8
	46-50	2	3
	>50	6	4
Educational Level	PhD	2	-
	Masters	23	35
	Bachelor	8	18
	Diploma	4	-
Experience in Institute	>5	26	25
	<5	11	28
Nationality	Omani	26	17
	Indian	8	19
	Filipino	-	12
	Egyptian	2	-
	Jordanian	-	2
	Pakistani	-	2
	British	1	-
	South African	-	1

Table 3. Demographic characteristics of faculty members

4.5.3 Interview structure

Interviews provide the opportunity to understand the meanings that individuals give to events, situations and interactions happening to them and around them in their real context (Mason, 2009). Nevertheless, the researcher was aware to be able to capture these meanings, interviewers in general and the researcher in specific should be flexible, good listeners, open to new ideas, come to interviews with no presumptions and seek ways to allow interviewees to feel comfortable to open up to describe their own experiences and beliefs.

Most interviews were arranged by the researcher through personally meeting the potential participants. This meeting allowed the first contact to discuss the aim of research, relevance of research to participants and the institute, voluntarism, anonymity and confidentiality. Other interviews were arranged by head of departments but all interviews conducted by the researcher went through these main stages. Firstly, to ensure ethical conduct, the researcher enquired if the participants read and

understood the information sheet and the consent form provided. In addition, the researcher went through and highlighted the main points like anonymity and confidentiality of all information provided (Johnson, 2002), a brief about the researcher and the topic of research (was provided only if it was the first meet with the participant), the participant's right to not answer any questions that they don't feel comfortable with and their right to withdraw at any time of the study. Before moving to the next stage all participants were asked if they have any questions and if they are happy to begin with the interview (Flick, 2007b). All interviews started once the participant signed the consent form (Figure 6) and their permission was taken to record the interview. No issues were faced during this stage, only two participants asked if it was essential to record the interviews and it was explained to them that the recording is there to ensure accuracy of getting their point of view across and that the conversation wouldn't be distracted by note taking. In addition, to make participants feel at ease it was emphasised to all participants that this is very informal chat and they can discuss any points that they feel like talking about within the interview and that the questions asked by the researcher is mainly to ensure that the main points about their experience with attending different training programmes and the application of what was learned to their workplace is included.

Secondly, the interview started with general questions about the roles of the participants in their institutions and their general thoughts about the approach used in teaching students and allocations to clinical sessions, their workload and the faculty performance evaluation system used within their institutions. It was observed that in many cases the participants start by listing all the positive things about the system and their work but as the interview progress they start mentioning the negative things they have faced and in few cases they even mention some personal issues with colleagues or students. Therefore, it was really beneficial to start with general questions and to show interest in the answers that the participants give as this made them more comfortable and feel connected with the researcher.

Introduction

- I confirm that I have read and understood the information sheet for the above project and the researcher has answered any queries to my satisfaction.
- I understand that my participation is voluntary and that I am free to withdraw from the project at any time, without having to give a reason and without any consequences.
- I understand that I can withdraw my data from the study at any time.
- I understand that any information recorded in the investigation will remain confidential and no information that identifies me will be made publicly available.
- I consent to being a participant in the project

Figure 6. Consent form used for interviews

Thirdly, the following set of questions included the main body of researched topics like the training experience of the participants and their application of what was learned in training (training transfer). The researcher tried to steer the conversation within the frame of these question as some of the participants steer away to talk about their main concerns within the workplace or their earlier experiences working in other institutes or their country before joining the recent Institute. The main challenging issue faced during this stage is the different personalities of participants as some participants were very open about their own experiences and answered the questions spontaneously. While others were very cautious when answering the questions and had to steer away from the main questions by asking them to compare between their workplace now and their previous workplace, how similar or how different and then try to bring them back to the main questions when they are more comfortable. There were few participants that were very guarded and closed almost the whole interview and had to take whatever information the give and they had the shortest time of interview around 30 minutes. There are other interviews that lasted around two hours but most of interviews were around one hour.

Fourthly, towards the end of the interview the participants were notified with the number of question remaining to let them know that the interview is coming towards its end. At this stage another group of general questions used to summarise what was discussed in the interview and to emphasise on specific points like what makes training transfer difficult from their point of view and how they think it can be facilitated, their overall thoughts and feelings about their training experience within their Institute, and

how would they do it differently if they had the power to make changes to ensure training transfer.

Finally, by the end of the interview the researcher showed appreciation to each of the participants for their time and contribution and they were asked if they would like to discuss anything more that was not included in the questions about their training experience and training transfer. Most of participants conveyed their appreciation of having such opportunity to express their point of views and some of them wished if this kind of discussions was implemented within the Institute to allow them to discuss their issues and suggestions with privacy. Following some statements from participants demonstrating this point:

> "Thank you. Thank you for including me in your study" T5G2

> "Number one: interview people individually. One-by-one interview or take their opinion by questionnaire or whatever, like, about their feeling, the current situation, and how they think they can change, so you get at least an idea from the specified expected people. It gives you an idea." T7G2

> "Thank you ….. so much. It was interesting to answer your questions also" P1H2

> "And I'm hoping and keeping my fingers crossed you will be coming soon and then there is a person who will be a good listener to hear our …" T11H2

> "Thank you so much for involving me" T8H2

All interviews were face to face and one interview per participant was conducted. The data was collected at one point aiming to examine decision making process of individuals to transfer and the influence of work environment factors. The other option was to observe change over time using a longitudinal study (Blume et al., 2010) but this approach would yield larger data that can complicate the study without adding much value in answering research questions. According to Blume et al. (2010), it is a

common practice among training transfer researchers to take a snap shot of transfer at one point after the end of a training programme. In addition, when examining behavioural change like the transfer behaviour time has to be given (Libermann and Hoffman, 2008). Therefore, the interviews were investigating transfer of training programmes conducted 6 months to one year prior to the beginning of interviews. Although this point was emphasised but it was observed that some of the participants were talking about training programmes they have attended two years ago or more as they were very satisfied with those programmes that were applicable and beneficial to their work and they wished if more programmes with such relevance and value were conducted recently.

4.5.4 Interview content

Interview content was developed according to the research questions and guided by literature review presented in this study. Initially the interview was divided into eight main sections representing the main research areas to be investigated:

- Personal details (demographics)
- Attitudes towards training transfer
- Subjective norm
- Perceived behavioural control
- Intention to transfer
- Initiation of transfer
- Work environment factors
- Organisational learning culture

Pilot interviews were conducted with three participants on the basis of convenience and access to improve the structure of interview guide and questions (Yin, 2009) by providing feedback on clarity and flow of research questions. The feedback and suggestions collected lead to interview questions being reshuffled and the sections fused into four main areas to make the flow of the conversation smoother: general opening questions to build a comfortable environment, explore participants' training experience, investigate what influences their decision to transfer what was learned in training, and ending questions to summarise the main points discussed. The interviews

purposefully intended to allow individuals to freely express their opinions in an effortlessly flowing discussion but at the same time were guided by having a list of main topics to be discussed during the interview and probes to expand on key factors within each topic (Easterby-Smith et al., 1991; Kvale, 1996; Warren, 2002). This form of interviewing is the semi-structured interviews which are the primary data collection method used in this research to gather rich detailed personal and situational records on the transfer process that might not be possible to gain through surveys (Bryman, 2008).

The interview started with a general opening question to allow the participants to talk about their own role in the Institute: "What are the tasks that you do on daily basis in this semester?" followed by other general questions to put the participant at ease like: "Do you feel the workload is divided equally between the members of the department?" And: "Do you use the block system in your department? What do you think are the advantages and disadvantages of using this system?" to have a general understanding of the level of satisfaction with their workload and system used for teaching within the Institute.

In the second section the researcher intended to explore the participants' training experiences, how motivated were they to attend programmes provided, if it was voluntary or mandatory to attend, their reactions towards these programmes, how beneficial were these programmes. The last question in this section was a general one trying to summarise their experience by answering the following question: "What are your general thoughts and feelings about your training experience?"

The third section focused on the participants' training transfer practice and what influences their decision to transfer or not to transfer. Figure (7) illustrates the main questions discussed in this section covering the main research areas of the study. These questions were expanded using probes as explained earlier to ensure that all the main key factors are addressed. The final section included general questions about the main hindering and supporting factors of training transfer at the workplace from the point view of the participants, their suggestions of changes or interventions that can be implemented to allow a better transfer practice. In addition to the main questions included in the interview guide, the researcher was attentive to participants' answers and asked more reflexive questions when any additional factors were stated by

participants as they felt it was important to them to allow a deeper understanding of their effect.

1. After the completion of training, did you feel motivated to apply what you have learned? What factors made/can make you more motivated to apply?
2. What are the possible advantages of applying what you have learned in training at your workplace? What are the good things that you can get if you apply what you learned at your work?
3. What are the possible disadvantages of applying what you have learned in training at your workplace? What are the negative things that can happen, if you apply what you have learned in training?
4. Who are the people at your work who would likely approve and encourage your application of learned skills?
5. Who are the people who would likely disapprove or discourage your application of learned skills?
6. Could you describe the support you get from your superior to apply what you have learned in training? How would you like this support to be, so your application could be maximized?
7. Could you describe the support you get from your peers to apply what you have learned in training? How would you like this support to be so your application could be maximized?
8. Do you feel that the management team support your training and the application of what you have learned? In what form?
9. Are you rewarded, in any form, for using what you have learned in training? Or penalized for not using what you have learned?
10. At the end of the training program, did you feel confident and comfortable to apply what you have learned?
11. Did you feel that you had the opportunity to apply what you have learned? Adequate resources? Workload adjustment? Any form of follow up? Your efforts being valued?

Figure 7. Sample of interview questions

4.5.5 Field notes

Notes were taken in three main cases. Firstly, when scheduling interviews after initial meetings with participants. Secondly, when sitting in the common room of one of the Institutes as the researcher didn't have a place allocated for interviews and had to wait in the common room when waiting for interview time or during free times or waiting

for transport. Common room proved to be a good place to gather data as faculty members informally discuss life and work issues of concern. In addition, some participants that have been interviewed approached the researcher in common room to talk more about their frustrations and concerns. In another case, after a meeting with management, a group of faculty members came discussing what happened in the meeting. It was also observed that there is a tendency to have groups within the common room according to nationality. This was mentioned by one of the participants in one interview as the participant stated feeling isolated and not belonging to a group as they tend to talk in their own native language. Thirdly, notes were taken after interviews if anything stood out as if the participant was very guarded or emphasised a specific point. In some cases it proved difficult to take notes after interviews as the researcher had to schedule three or four interviews a day and had to move from one interview to another. It was more difficult as sometimes interviews will be conducted in different classrooms according to availability, conference room, or administrative office with some interruptions from students or staff. It was a lot easier to conduct interviews in the other Institutes as the researcher was given a small office to conduct all interviews and almost all participants agreed to meet the researcher at this office on the time of their interview, except one Head of department preferred to have the interview in his office but proved difficult because of phone calls and the interview was moved to the researcher office by his own request.

4.6 Quality of data collected

The quality of the data collected was examined by considering the piloting of interviews, the recording quality of interviews, documentation, the reliability of the data, and the ethical issues addressed.

4.6.1 Pilot Interviews

The interview questions within the guide were piloted twice with a convenience sample of three participants. The participants included: an administrative member from one of the Institutes, an assistant lecturer from a local university, and one manager in a governmental organisation. The initial pilot interviews with three participants yielded comments and suggestions that lead to change of questions

sequencing to help in a clearer and smooth flow of conversation as related questions were grouped together. These changes made were piloted again with the same group of participants and the interviews were recorded with the participants' permission to consider the different comments that they say like: "the question is not clear" or "be more precise about what you mean in this question". In such cases probes were added for the different factors meant to be examined in that point. An additional benefit of piloting that it allowed the researcher to practice and gain more confidence in conducting interviews as this was emphasised by different authors like Miller (1991) and Bryman (2008) that researchers (especially postgraduate students) should gain more interview experience before conducting the formal interviews.

4.6.2 Interview recording quality

Two devises were examined for clarity of sound prior to conducting interviews: an audio recorder and voice memo application on researcher's smartphone both with a capacity of recording more than five hours of audio at one time. The audio quality of the smartphone was better and is thought not to have participants stressed about recording as it is a common device used. All audios recorded in a day were removed from the smart phone and saved in a password protected folder in the researcher's laptop.

4.6.3 Documentation

Two forms of documentation of data were used: audio recording and taking notes. A copy of interview questions was used by the researcher in all interviews that were audio recorded. All audios were transcribed literally, word for word, without editing (Kvale, 1996) representing participants' voice and words by professional transcribers. These transcripts were analysed using NVivo software. Field note as discussed earlier were taken on the day of the interview, observation or incident sighted by researcher.

4.6.4 Data reliability

Qualitative research was criticised of being subjective, unscientific and non-generalizable (Sanders, 1982). Nevertheless, it is essential to ensure the quality of qualitative research which can prove difficult because of its originality and variability (Hammersley, 2008) as qualitative research aims to extract meanings and interactions

occurring within the natural context to give a holistic understanding of phenomena (Lincoln and Guba, 1985). On the other hand, quantitative studies can be generalised to other situations but were criticised of not considering the uniqueness of situations within the context under study. Reliability and validity are two tools utilised by different types of research (qualitative and quantitative) to ensure that research design serves its purpose of answering research questions with giving unbiased picture of the phenomena and contexts investigated. Both tools are to ensure the trustworthiness of research.

In order to ensure reliability and the possibility of replicating the methods utilised in this study, the researcher provided a detailed description of how the participants were chosen, the nature of context (similarities can be identified with other settings), how data was collected, interview questions utilised and the findings extracted (Blaikie, 2010; Creswell, 2009). Therefore, the researcher is considering the ability to effectively repeat the data collection methods (interview preparation and conduction) in future research to investigate the same issues about training transfer processes, although results will most likely change according to the changeable situations within organisations. Nevertheless, the results might be reproducible if the context and situations of future study were similar to the ones researched in this study which also can prove to be very difficult because of the changeable nature of organisations and individuals within organisations. As a qualitative research, this study is not concerned with generalisability of research to other contexts but focused on producing findings that contribute to theory and can be of benefit to other contexts (Bryman, 2008). Therefore, the term transferability, referring to applicability of research findings to other situations, is mainly used in qualitative research rather than generalisability (Lincoln and Guba, 1985). The researcher is aware of possible bias due to being an employee in one of the Institutes under study and having close contact with individuals in both Institutes (Ritchie et al., 2009). Therefore, awareness was a key in building unbiased view on investigated situations (Creswell, 2009) and a lot of consideration was paid to this issue and most findings were extracted from tape recorded data reflecting interviewees' views and less from observations to avoid researcher presumptions. In addition, another source of bias that was considered is interviewee

bias and the researcher ensured anonymity and confidentiality to interviewees verbally and in writing at different points of contact to build trust.

The other test tool of research trustworthiness is validity which according to Carspecken (1996, p. 57) is characterised by ‘‘claims that the data or field records produced are true to what occurred, claims that the analysis performed on the data was conducted correctly, and claims that the conceptual basis of the analytic techniques used is sound’’. Showing that validity is concerned with how truthful is the findings (Lincoln and Guba, 1985). Multiple sources of evidence are used in this study to increase its construct validity. This research utilised secondary data in the form of Institutes documentation and gained rich and detailed data from various in-depth interviews with faculty members, their supervisors and managers. As mentioned earlier voluntarism, anonymity and confidentiality were demonstrated to all participants by going through the ethical process and discussing the consent form and information sheet where it showed that pseudonyms allocated to all participants will be used at all times in the research (Ryen, 2004). This was a step taken towards gathering truthful data that corresponded to what was really happening in the real context (Easterby-Smith et al., 2008). Furthermore, the researcher tried to be neutral, appreciative and caring at all times when conducting interviews to create a comfortable environment (Patton, 2002). In addition, all interviews were audio recorded to ensure accuracy when conveying information provided by participants to the reader of the research. Some quotes extracted from data were also provided to allow readers’ own interpretations. In addition, software analysis of data was used to demonstrate the main categories found in the following chapter. Finally, the findings were compared to what is found in the literature, in the discussion chapter, to allow additions or confirmation of theories that are already available.

4.6.5 Ethical considerations

The researcher had to gain permission from two authorities prior to collecting data; the ethics committee of the researcher’s department and the ethics committee in the Ministry of Health. Both had guidelines and criteria to be fulfilled to ensure that the rights of participants are considered and disseminated properly to participants through information sheet and consent form. It was also recommended by authors like Kvale’s

(2007) to ask research participants to sign a consent form to confirm their willingness and voluntarism in participating in the study and this was also one of the criteria in requesting permission from the researcher's departmental ethics committee to start collecting data. Therefore, a written consent was required before starting any interview. Nevertheless, a trusting environment had to be established between the researcher and participants through ensuring that as a research student belonging to a well-known Institution there are basic ethical guidelines that have to be achieved to allow the researcher to contact participants and start data collection. One of these guidelines is to give the participants other contacts like the researcher's department ethics committee and primary supervisor in case they felt the need to contact someone other than the researcher in case of any breach to participant's confidentiality and this information (in the information sheet; Figure 8) was provided through emails to all participants.

The participants were reminded that the researcher's study is fully independent and is not owned or funded by the Ministry of Health. It was also conveyed to the participants that they are expressing their own personal views and experiences and by no means that their views will be considered as official or formal representatives of the organisational views. To ensure confidentiality only one audio copy is saved in a secured password protected folder and labelled using the pseudonym given to the participant. The same pseudonym was given to the transcripts without any reference to the organisation or participants' real name. It is essential to maintain participants' anonymity as most of them were very open and honest about their experience and their personal frustrations of the work environment.

- Name of department
- Title of the study
- Principle Investigator contacts
- Research Supervisor name
- Introduction: You are invited to participate in a research study. This study is conducted by Awatif Al Rakhyoot (Doctoral student at the University of Strathclyde). This study will take place at the Ministry of Health in Oman (mainly at the health educational institutions)
- Purpose of study
- Procedures of interview
- Potential Risk: like feeling uncomfortable being recorded
- Benefits of participation
- Confidentiality: no details mentioned referring to or identifying participants
- Participation: being voluntary
- Contact of ethics committee

Figure 8. Content of information sheet

4.7 Analytical approach

In analysing the rich detailed text collected, the researcher aimed to describe the data provided and then give explanation to such data. According to Gibbs (2007) there are two ways of providing explanations: Induction and deduction. Deduction is mainly used in quantitative research as they start with hypotheses that they test to confirm or reject. On the other hand, induction is used mainly by qualitative researchers to look for patterns which from they build an understanding of the phenomena. There are qualitative researchers who reject starting with any prior framework which can prove difficult to many researchers (Gibbs, 2007). This research is using both induction and deduction by looking for patterns in the data provided and at the same time referring to the main framework of the study formed after reviewing the literature. The software was used to sort and categories the data collected line-by-line to describe the participant's experience and point of views. In addition, the transcripts of individuals, departments and the two cases under study were compared to seek similarities and differences that can help in explaining the patterns found within the data.

The aim of data collection was to gather the experiences and point of views of participants to explore the factors influencing their decision to transfer or not transfer

what they have learned in training. This type of qualitative research is known to produce rich data which comes in large volume (Eisenhardt, 1989). Data collected through semi-structured interviews followed by data analysis allowed the researcher to build an understanding of training transfer behaviour from the perspective of participants. The data analysis was a continuous process starting from the conduction of interviews, rechecking transcripts produced, coding to manage the large data produced, and the final analysis (Carspecken, 1996). All these processes enabled the researcher to acquire knowledge and understanding of the data and the themes that emerged about training transfer and the work environment within cases under study. It was recommended that researchers go through the data and immerse themselves in the information within transcripts looking for meanings before coding and analysing the data (Berg, 2007; Creswell, 2009; Miles and Huberman, 1994). This was achieved with checking the transcripts against the original audios recorded to ensure that they are identical, all data is accounted for and presented and to enable the sorting of data collected (Bird, 2005). The researcher had to pay great attention when seeking to extract significant meanings from such detailed data about the phenomena under study through coding (Miles and Huberman, 1994; Minichiello et al., 1995). According to Bryman (2008) the coding of data can be done in more than one way. Coding started by broadly categorising text and identifying specific themes within the text (Blaikie, 2010; Creswell, 2009). Themes were revisited to ensure they reflect and represent the data collected (Braun and Clarke, 2006).To systematically organise the large data collected, CAQDAS, computer assisted qualitative data analysis, was used. NVivo software in specific was used to assist in coding and analysing the data (Creswell, 2009; Minichiello et al., 1995). Nevertheless, software analysis did not replace the interpretative skills of the researcher which were essential to develop meaningful themes that correspond to the study objectives (Easterby-Smith et al., 2008). The software helped in sorting out the data in transcripts to identify patterns and groupings among existing concepts. First, the software was used to check the transcripts of each participant line by line to freely code the data under main themes. Once this step finished for all transcripts, the coded data under each theme was reviewed and refined until no more refinement was needed.

4.8 Summary

This chapter provided a detailed description of the methodological strategy, data collection and analytical approach used in this research. This was important to demonstrate the appropriateness of research method utilised, to achieve research objectives, and the validity of the resulting findings. The findings from the data analysis are presented in the following chapter.

Chapter 5 Findings and analysis

5.1 Introduction

This study investigated training transfer from the perspectives of faculty and their supervisors using the theory of planned behaviour as the theoretical framework. This chapter presents the findings from the data analysis in relation to the main research questions. Exploring how trainees describe their attitudes toward training transfer, their perception of the influence of their subjective norm and behaviour control on their transfer behaviour. These main research questions are further deconstructed into subthemes describing the factors shaping faculty intentions towards transfer of training. Through interviews with the faculty and their supervisors, the findings aim to answer the research questions of this study. These findings further our understanding of the training transfer process from the perspective of faculty within the cases investigated in Oman.

5.2 To what extent trainees' perceive their training transfer as a favourable or unfavourable behaviour and how it influences their decision to transfer?

Almost all participants indicated that training transfer is important to the organisation especially if what learned in training programmes was relevant and can enhance the performance of individuals and the Institute. However, these participants did not associate training transfer with many positive outcomes. They believed that this is mainly due to the current reward system utilised within the organisation which doesn't include training transfer as one of the criteria to qualify for bonus or any monetary reward. In addition, participants stated that most of the programmes provided were not directly relevant to their teaching, and some were criticised as being too advanced for the level of their students. According to some participants, training transfer was associated with potential conflicts with their current academic responsibilities. This research question is illustrated by three subthemes: the faculty perceptions of perceived relevance and usefulness, perceived risks and ease of transfer, and recognition and reward system.

5.2.1 Perceived relevance and usefulness

The first subtheme perceived to affect participants' attitude towards transferring what they have learned in training, was the training programme itself (Table 4). This was expressed by participant (S1C1) who mentioned that "Training might not be to the level that allows people to be confident sometimes to go and practice it and implement it". Participants identified three training programme characteristics that could support or hinder their training transfer. These are the relevance of training to main roles; the nature of training (theoretical or practical); and trainers expertise.

Participants emphasised the importance of attending programmes that are relevant to their workplace and what they do. This was shown by participant (T1B1) who stated that "If workshop is giving information that is practical and applicable to our situation it will be easy to implement". Participant (P1C1) also added that "I attended two workshops, one of them was relevant and I think it can be applied but the other one didn't relate to us". The same was expressed by other participants, for example:

> "If they are satisfied with the outcomes and they came with new knowledge and a new skill, they are willing to try and we have tried few things. On the other hand, there are courses that do not give anything new". (SIDI)

> "It depends on kind of the event that they have attended. Sometimes, they feel yes. They are confident, they talk I gained this, I want to try this and they are talking. Sometimes, they will be quiet, you can see that they didn't gain anything and it was pointless." (P1A1)

> "It will be applicable really if it relates to what we do. Something we deal day-to-day at our level, I think it will be more applicable." (T3I2)

Participants listed topics like teaching, assessment and research as the most relevant to what they supposed to be doing in their workplace. This was illustrated by the following quotes of participants from both cases:

> "All teachers once they come either they are new to education, or they have been teaching somewhere else and they are new here, they have to have an intensive course programme to understand what is teaching, what is

education, you know, we were in a totally different thing, we were dealing with patients, the only education we used to do is for this patients, health education but this is something totally different." (T6G2)

"Yes, especially this TOT [Training of Trainers] was very beneficial, I got many benefit from it, they taught us about teaching methodology, evaluation, how to deal with the students in general." (T4J2)

"I had one that was good also. It was an echoing of another big conference it seems. That we learned how to construct question, what's a blueprint, those stuff. That was very good actually, arranged very well also." (T2G2)

On the other hand, almost all Med-Ed participants (91%) and majority of Speciality-Ed participants (70%) admitted that the lack of relevant and applicable training programmes offered by their Institutes, hindered their training transfer. This was evident in the following statements:

"It depends on the seminar or the workshop like the one that we are attending now, the risk management. It is something that is not of my interest at all because I feel it is more for the management side" (T6G2)

"The guest speaker, I don't know he spoke about management, pure management. For someone new it is good to know the concept but that was least beneficial." (T3I2)

This was also supported by supervisors who expressed that most of programmes conducted lack relevance being general and not specific and therefore, not directly relevant to their roles within the institute.

"I attended one workshop organised by DGET about teaching and assessment conducted by international speakers but was not relevant to us as they were talking about their courses for medical students and it was totally different than what we do" (S1C1)

> "It is general. Mostly general like Risk Management, Communication, stress management, all of these. I mean general information, it targets all institute population here" (S1G2)

The reasons behind providing this kind of training programmes were identified by participants to be: (1) staff development committee choosing general topics to accommodate all faculty from different specialities; and (2) topics driven by the interests of management like quality. The first reason was clear in statements like:

> "Actually it is like more toward the needs of all faculties. It is common like research, assessment and evaluation, communication or stress management or leadership science, something like that so all benefits from the workshop. Specific workshop may be difficult for specific department because of the few number of the faculty within that department. So if we want specific, we should go and get from outside." (T1O2)

The second reason raised by participants was in relation to the main concerns of management with quality audits and changing to a college. Quality audits were being conducted in one of the Institutes (Speciality-Ed) by a national agency called Oman Academic Accreditation Authority (OAAA), while the other Institute's (Med-Ed) quality audit was scheduled two months after by the same agency. It was revealed that many changes were happening in the Institutes at the time as quality auditing had already started and a Royal Decree to move the Institutes to a college was anticipated.

This was clear in the statement of participant (S1D1) who said "lately in the institute with the audit, the new curriculum, the college and so on, hardly we got a time to sit and to listen to somebody". Another participant (P1E1) also described the efforts they exerted to get ready for quality auditing, as stated that "we did a lot of documentation and I think it exhausted us, the quality process did take a lot of our energy". The same was conveyed by participants from Med-Ed, as they expressed that:

> "The main focus this year is quality. They tell us what is expected from us to know in terms of quality, for the audits" (T5G2)

> "It is increasing the load. We have gone through a tough semester really because of load and then quality assurance, mock audit, all of these, preparation and so on" (S1G2)

Other participants from both Institutes also confirmed that activities in the form of seminars and workshops were focused on quality issues, compared to any other topic, as everyone in the Institute was busy with quality audit:

> "From September to December, yes, we did have [seminars and workshops]. But then from January till now, we didn't because what happened is we have replaced it with the quality assurance. Every two weeks, we had different topics about quality and auditing" (S1B1)

> "For this semester, we have something called the quality audit which is going on. They are focusing a lot on that. We have sessions per week for that. They evaluate us. We have objectives to achieve at the end of this semester." (T1H2)

> "During this semester all those [workshops and programmes] have been put on hold because of every staff being involved in the quality" (T2E1)

The second training programme characteristic identified by participants was the nature of training programme if theoretical or hands on. Almost all Med-Ed participants (94%) and most of Speciality-Ed participants (76%) criticised the seminars and workshops conducted within their workplaces as mainly being theoretical and repetitive. This was clear in statements like:

> "Mostly we have the knowledge kind of workshop. Skill oriented workshops are very less" (T2J2)

> "Some of them is like a repetition of what I know" (T2E1)

> "Sometimes we have to come from the clinical to attend the workshop which I did last week but I did not grasp anything from what they have said. Why? Sometimes, it does not add anything to my information." (T7H2)

Participants perceived programmes with hands-on practical sessions being more beneficial than the lecture based programmes. As stated by participant (P3B1) that "It

depends on the workshop as if it is a short one and gives only information then it will be difficult to apply. On the other hand, if it allows practice then it will be easier to apply".

Another participant (T2D1) also gave an example of training that was practical and beneficial, who stated that: "It was about the training we did for that machine that we have in here as they showed clear pictures and they evaluated us at the end. So, I think that's more--I am more comfortable now in dealing with that type of machine". The same was stated by another participant:

> "Majority of our workshops are theoretical, in some conferences we had hands-on like role play which was useful as the perception of what can you do is different than what you actually do which can be found out with doing hands-on lectures" (T1C1)

Supervisors also emphasised the need for more hands-on training. One supervisor (S1E1) stated that: "Sometimes, the workshops could be a little bit theoretical, you know, and then you feel it really--. The best workshops are the ones which apply what you are talking about to real life situation you are in". Another supervisor (S1A1) explained the reason why her department members did not manage to implement a new technology (smart boards) as they needed more hands-on training.

> "Yeah, the training was there but if you talk about how confident in using it, then I think the staff still needs more training on this. It's not that difficult but they just need to put their hands on it and I think one or two sessions, it would be enough." (S1A1)

The last training programme characteristic was the level of trainer expertise. Most of Med-Ed participants (89%) and Majority of Speciality-Ed participants (54%) pointed out that their internal developmental programmes are mainly presented by other colleagues in their workplace. They felt the need for more exposure to external academic communities and experts as it would add new knowledge about other new practices. For example:

> "The most beneficial programme I have attended is the research workshop. Why? Because I felt it was really successful because International speakers were invited and they shared their experiences and these people were Professors in fact. So we really learned from them." (S1H2)

> "I think we need more international workshops to be supported because it gives you a better exposure of stuff done in other countries, different ways of thinking, different people" (T1E1)

> "I was expecting if this training to happen, it should be by a person who have master in this programs like if we are talking about classroom management, I don't expect my colleagues who were sitting next to me and everyday complaining about classroom management. I cannot then see him in front of me discussing issues, how to solve this." (T3O2)

Supervisors agreed on the need for experts to conduct the training programmes instead of the current practice were most internal programmes are run by faculty within the institute. This was expressed in the following quote:

> "We didn't get expertise from outside for example. People who have mastered certain subjects so they come and teach it here and then give training and seminar here." (S1G2)

Theme	Subtheme	Factors	# occurrences	Illustration
Attitudes toward transfer	Perceived relevance and usefulness	Irrelevant to main roles	Med-Ed: 48 Speciality-Ed: 26	"If it's related to our career like teaching, so will be interested to apply those knowledge. But majority of the seminar we attend, it is not related. I feel it's all related to things that is too general." (T3J2)

		Theoretical and not hands-on	Med-Ed: 50 Speciality-Ed: 28	"Some seminars you will go and just listen, just people are talking and talking and talking. You don't know what they are talking about because you are not doing it actually. So they just talk - let them talk and finish because when we attend we score points because we are having credit points." (T2G2)
		Conducted by colleagues and not experts	Med-Ed: 47 Speciality-Ed: 20	"I would like more external experience because we know each other and we have almost the same experience, so I would like more external speakers" (T1D1)

Table 4. Perceived relevance and usefulness

5.2.2 Perceived risks and ease of transfer

The second subtheme perceived to affect participants' attitudes was the risks and ease of transfer (Table 5). Two main factors emerged from participants' interviews: (1) change at departmental level constrained by hierarchal structure; and (2) change at individual level restricted by curriculum objectives.

In both cases, participants were convinced that bringing change at departmental level is more difficult than at individual level. This was described by participant (T2A1) who stated that "if the change you are suggesting is at departmental level it will take time as everyone has to agree but if at personal level is easier". The same was supported by participant (T3A1) who mentioned that "I do have the motivation to come and implement it but sometimes it is much easier, if you can implement it at individual level, but if it goes higher, it is hard to impose your opinion to the rest of department because it might be accepted and might not be accepted, so this is the challenge here".

It was explained by most of Med-Ed participants (89%) and majority of participants in Speciality-Ed (70%) that change at departmental level needs permission from HOD and acceptance by majority of department or course members. This was also supported in statements of other faculty members like:

> "Before bringing an idea, I have to study it. Is it going to work? Is it going to actually have any effect on the department or in the institute? So, I have to study it first before I just come and throw out. And then after I planned and have good rationales of using such a technique or such a method, I can bring it to my staff and everyone has the right to bring up their opinion..... Always, the vote goes to the bigger number" (T3A1)

They further explained that the hierarchal structure was embedded within their managerial structure as their Institute management did not have full autonomy and decisions like quality accreditation and transfer to a college were made at higher level by the Minister and Undersecretary of planning. The communication channel also follows such hierarchal structure from higher level (Minister), through Undersecretary to Director General and then it reaches the Institutes' management. The same was also experienced by participants within the Institutes as approvals need to be granted from HODs or Dean to bring change at departmental level or Institute level respectively.

The need for taking supervisors' permission to make change at departmental level was also indicated by supervisors. For example:

> "If there is a new idea, we look at it, we scrutinise it, and we decide. I don't decide, we decide, whether we're going to implement it or not." (S1F2)

> "We discuss any innovative idea that a staff member suggest and if everyone in the department is happy with it we go ahead and give it a try" (S1B1)

Change at the individual level was the other factor that emerged from perceived risks and ease of transfer with almost all Med-Ed participants (94%) and Most of Speciality-Ed participants (81%) highlighting the constraints on training transfer at this level.

They argued that although they had control over making changes in their classes, the constraints of meeting the course objectives on time made it almost impossible to apply any changes after training. The following quotes show participants' views on their control of making change in their classes:

> "In teaching, there is no restriction, you can apply whatever you think" (T1D1)

> "From my experience, it depends on the teacher. If she wants her students to be participating with her, not sleeping, definitely she has to change her style from day-to-day. One faculty prepared a role play in order to make something different. But if you want to go to the class and finish on time, you can put a slideshow for your students, explain it to them and leave." (T6H2)

> "We are not dictated to use the lecture method. You can change and you can innovate, whatever you think is suitable for that particular subject or class session. So there is flexibility and nobody forces you." (S1F2)

In relation to constraints at this level, supervisors and faculty agreed that meeting course objectives was the main obstacle hindering training transfer. This was clear in a statement by supervisor (S1G2) who said:

> "Our objectives are tailored as if they are a holy book. You need to follow them. Now, they don't say it must be a Power-point but for these objectives or content from page 100 to page 125, around 25 pages, need to be covered in one hour. It's very difficult to cover them in a group discussion as it requires

more time. So we are limited with the time for each class session. So that's why teachers organised that content in a Power-point so they can deliver it all."

Theme	Subtheme	Factors	# occurrences	Illustration
Attitudes toward transfer	Perceived risks and ease of transfer	Change at departmental level: controlled by hierarchical structure	Med-Ed: 47 Speciality-Ed: 26	"Any major changes need to be discussed with HOD" (T3B1)
		Change at individual level: restricted by completing course objectives	Med-Ed: 50 Speciality-Ed: 30	"time is an issue because you are restricted with a curriculum that you need to finish in 15 weeks which is not enough" (T3C1)

Table 5. Perceived risks and ease of transfer

5.2.3 Recognition and reward system

The third subtheme perceived to affect participants' attitudes was the recognition and reward system utilised within the Institutes regarding training transfer (Table 6). Participants identified: (1) lack of monetary reward; and (2) verbal recognition offered by HOD as the main factors affecting their training transfer under this subtheme.

When asked about forms of reward practiced within the Institute to recognise staff efforts, two types of monetary reward were acknowledged by participants: bonus and promotion, and two types of non-monetary recognition: written and verbal.

Supervisor (S1E1) stated that: "There is a very limited sort of opportunities for incentives to be given. You either get a bonus or promotion and that's about it, but again the amount of money available is not that much". Participants talked about the

possibility of getting bonus as it was distributed on an annual basis. This was described by participant (P1D1) who stated that "now and then staff are given bonus by end of the year. Head selects, so I don't know on what bases". The process of allocating bonus was described as being unfair because it was not transparent and there were no clear criteria of how or why staff are nominated. This was expressed in statements like:

> "I am not sure exactly what criteria they are using to decide who gets bonus" (T2D1)

> "There is no clear criteria yet of who gets bonus, but HOD will nominate staff whom she feels deserve bonus for their efforts in the department" (S1B1)

Although participants were not sure about criteria for getting bonus, some suggested reasons like: efforts at departmental level, on rotation bases with giving priority to seniors first. Following are examples of such statements:

> "I heard that they want to give equal chance to everyone so if this person gets it this year, next year another person can get it. This is what I heard, but I'm not sure" (T2D1)

> "They try to distribute, if you get this year you will not get till after two years" (T5B1)

> "It's on a cycle and maybe they are trying to start with the seniors" (S1C1)

Regarding promotion, participants stated that it is not under the authority of the Institute management as it is given automatically to staff every four or five years according to the Civil Service rules and regulations. For example:

> "I have never seen someone promoted because they were so good but it is given according to length of experience under Civil service rules" (T1C1)

> "Unfortunately, the Civil Service rules are very strict as every four or five years you get promoted. It doesn't matter whether you got new qualification, new experience, or new skills." (S1D1)

Training transfer was not rewarded (monetary) as affirmed by most of Med-Ed participants (87%) and majority of Speciality-Ed participants (68%). Training transfer was not mentioned as a criteria for getting bonus, as expressed by participant (P2B1) who stated that: "I don't know if implementing new things would be one of the basis to reward staff". Another participant (T3A1) stated that: "Not many talking about any appreciation, maybe it is seen as our duty to fulfil these tasks". This was also clear in statements like:

> "No bonus given to staff for training transfer in my department" (S1B1)

> "Not based on ideas and innovations [reward system]" (S1C1)

The main form of recognition of training transfer as stated by most Speciality-Ed participants (76%) was non-monetary verbal recognition, whereas only a minority of Med-Ed participants (38%) indicated the same. Participants specified that the verbal appreciation is mainly provided by their HOD when they take permission to implement new ideas in their class. This was voiced by participant (T1B1) who stated that "The only thing is they can give verbal appreciation when you come to get permission to implement new things but not increments or anything else".

The other non-monetary form of recognition reported by participants was written recognition, where participants would get an appreciation letter or a thank you letter for their efforts. However, participants admitted that this form of recognition (written) was not practiced for training transfer. It was given for other reasons like presenting in external programme or a conference, overtime or extracurricular activity. The following participants' quotes demonstrate their views on written recognition:

> "Appreciation letters are awarded if we do extracurricular activities like conferences with students or public awareness, but not for our internal activities like teaching maybe because it is part of our job" (T1C1)

> "When we do overtime or extracurricular activities, we get a thank you letter" (T5B1)

Participants declared that the current recognition and reward system applied within the Institute is hindering their training transfer, as faculty do not feel that their efforts are

valued. In addition, it can be demotivating to some as they see it is given to specific people and not for all. This was voiced in statements like:

> "Encouragement should be practiced with all staff not only for some staff as others will be demotivated" (T7B1)

> "I didn't receive any form of reward or recognition so far" (T6B1)

> "I would say rewards is a hindering factor. Staff don't feel that they are acknowledged" (P1D1)

Theme	Subtheme	Factors	# occurrences	Illustration
Attitudes toward transfer	Recognition and reward system	Lack of monetary reward for training transfer	Med-Ed: 46 Speciality-Ed: 25	"No reward for implementing new things but maybe for doing something recognizable at institutional level" (T8B1)
		Verbal recognition by HOD	Med-Ed: 20 Speciality-Ed: 28	"HOD will verbally appreciate our work if we do something well but I didn't come across people being rewarded because of transferring" (T3B1)

Table 6. Recognition and reward system

5.3 To what extent do subjective norms within the organisation influence trainees' decision to transfer training?

The findings showed the managerial hierarchy structure within the Institutes with the Dean at the head of the chain followed by Head of department (HOD) and/or course leads that are all part of the Institute management board, where all decisions are made, and then comes the rest of the faculty members distributed in different departments. Ways of communication or "proper channels" as described by participants between higher management and the Institutes' management and within the Institutes were governed by this same hierarchal structure.

> "Dean has to write to the DGET and then DGET, if it is financial, they have to write to Undersecretary of Finance, and if it is related to Health Service and Health Affairs, then we have the Undersecretary of planning and they have the minister. There are many levels of communication" (M1C2)

> "Everything is managed by HOD and through proper channels" (T4B1)

> "I cannot go direct [to DGET], I have to go through HOD and then Dean" (T5B1)

Therefore, faculty members within the courses or departments discuss issues with their course lead or Head of department (HOD) who should solve the issue if it is under his or her jurisdiction or take it one level up to management board to be discussed with the Dean. Thereafter, the answer or solution to that issue comes downwards from management board to faculty members in different forms like verbal or meeting minutes. Board meetings' minutes are considered confidential in (Med-Ed), whereas, in (Speciality-Ed) institute they ensure that all faculty members receive the minutes of every board meeting and their signature is taken as an evidence of receipt.

> "Because I am member in management and the council, so automatically I am aware about it. And even the staff, they are aware what's going on because everything is minuted and minutes are being distributed, I have a file." (S1A1)

> "What is discussed in the IMB was not communicated for the faculty properly. So there is again one more gap. So it's not communicated regularly with the

staff. The staff are feeling that something is going on in the Institute and they are not aware of it." (P1F2)

This kind of hierarchical managerial structure shaped the social support within the Institutes as it set different weight and value for support coming from different referent others like students, peers, course leads or HODs and Deans. This was shown by participant (T6G2) who stated:

> "I would say the course lead and then comes the Dean and then peers and finally the DGET this is how I see. If your course lead agrees on you going and supporting you to go and do this and attend this and you have to apply whatever you have learned, then you got a green light. If the Dean tells you that, but your course leads is not very happy about it, you can't really clap with one hand, you need your course lead, because he is the one who will be in contact with you, not the Dean. Your peers, yes, they will be in contact with you, but they don't have any power or authority that they can help you with. The DGET is in another planet that I have no idea about what is happening in their world."

The research question is illustrated by four subthemes representing the referred others identified by the participants of both cases: (1) DGET management support, (2) Institute management support, (3) peers support, and (4) students influence on faculty's training transfer.

Different sources of support were identified by nearly all of the participants. They described the form of support they got from the different referent others. However, various obstacles were also mentioned by participants when dealing with these different groups. Participants indicated that they interacted mostly with their HODs and peers when it came to their daily tasks. The support and communication with higher management and Dean were described as being limited or indirect respectively. The following sections present both support and obstacles as described by participants from the different sources mentioned.

5.3.1 DGET management support

The first subtheme under subjective norm perceived to influence faculty's training transfer was the type of support provided from DGET (Table 7). Participants

identified: (1) lack of communication and support; and (2) lack of follow up as the main factors affecting their training transfer under this subtheme.

When asked about the type of support provided by DGET, participants in both cases identified two aspects of DGET support. These were by providing resources, and scholarships; and through their DCPD (Department of Continuous Professional Development) which provided training and developmental programmes at a national level, and an annual booklet of these programmes.

Firstly, regarding the provision of resources and scholarships, participant (T4J2) stated that "only we will go there [to DGET] to ask about higher study". Participant (S1D1) also added that: "each department have its plan submitted to the Dean and Dean submit it to the DGET to go for further studies through their Scholarship Department". Additionally, DGET provided resources as indicated by Participant (S1B1) that "DGET has never questioned us….why do you want these equipment? so they have been generous. When we put these items in the budget system, we prioritise what we need and we have never been told 'No, you cannot have this'". Participants in Speciality-Ed agreed that they do get the resources they planned and asked for in their annual Institutional budget but they argued that it takes time as stated by Participant (T2E1) that "their support is slow in coming like resources and they need to be reminded repeatedly". Nevertheless, participants from Med-Ed claimed that the funds were insufficient and the process of receiving resources was also very slow. This was clear in the following statements:

> "DGET only provides money. We plan our activity the one we want to plan. For example, there are workshops within the institute. They provide the budget for it." (T8H2)

> "There are funds for the Staff Development Committee. But again the fund which is received by the Staff Development is not enough to run the workshops and seminars. We do have many problems." (T7H2)

Secondly, the support provided by DCPD was described by Participant (S1E1) who stated that "I think the Training department [DCPD] is very strong. I think they are doing a great job. They are producing a lot of material, they are doing a lot of

workshops, every week they run courses, they have training manual". The same was indicated by participants in the following statements:

> "I've seen memos issued by the Staff Development Committee with regard to the workshops and seminars which will be conducted this year. This is the first time it happened. They will send us a list of seminars and workshops, not here, within the institute, but in other areas as well." (T7H2)

> "CPD that is Continuing Professional Development Committee at DGET, they are releasing every year a booklet like whole year from 2012 to 2013, the booklet is already out which will be given to all these teachers through staff development, through soft copy" (T2J2)

Although there was a concern expressed by participants within both Institutes that most programmes conducted by DCPD were not related to academics and mainly focused on clinicians at hospitals, as they explained:

> "Their programme of workshops is more focused at the clinical side of things at the hospitals but our staff are invited and often attend to update their clinical knowledge and to network with other professionals in the field" (S1E1)

> "I attend one workshop about palliative care. It was very interesting. But I cannot apply that because I'm not having patients." (T3J2)

Regarding their training transfer, most of Med-Ed participants (75%) and majority of Speciality-Ed participants (57%) complained about the lack of communication and support from DGET. For example, Participant (T1E1) stated: "I found it hard to communicate with the DGET. There is a communication gap between here and the DGET as if it's two different entities, although it's one. They are not very collaborative". Other participants similarly said:

> "I don't think they support us at all, or maybe there is support but I don't know about it" (P1E1)

> "I have been here almost 10 years, we get internal support within the Institute but DGET I wouldn't say it helped us a lot in providing support" (T3A1)

> "From DGET, really no because I feel DGET are in their own world. There is no direct contact between us and DGET." (T1G2)

Supervisors (HODs) also confirmed the notion of lack of communication from DGET and stated that more support was expected than what was currently available. This was clear in the following statements:

> "Communications between DGET and Institutes is poor, we need a DGET that doesn't prolong procedures and processes" (S1B1)

> "I don't believe that the DGET has supported the Institutes very well over the years, not as well as they should.… I don't think our DGET as a management body overseeing the Institutes is being very powerful…. They have not provided a management structure which makes us work together" (S1E1)

> "No, not really. The only thing what happens you get this letter or information, you go or you don't go that's the end of the story. If you attend, you attend it, if you don't attend it's up to you, nothing more than this. No other kind of support, nothing." (S1J2)

In addition, participants in both Institutes explained the extreme rigidity of rules and regulations set by DGET and how that restricted the ability to make changes which they felt necessary to improve their work. Participant (T1D1) explained that "we cannot make rules. This should come from DGET and the Ministry and then we apply it like entry level and GPA needed". Another participant (T3D1) described how they felt "restricted….that we cannot be flexible with [rules] like sitting for resit exams and lowering GPA". Other participants also discussed the influence of such rules in introducing change within the organisation:

> "It is hard to introduce change within this system, the DGET system" (T1E1)

> "We want to change the assessment but we cannot because of the rules, DGET rules are not flexible" (T2C1)

> "Sometimes opportunities are not there because of rules and regulations that we cannot change and we have to stick to it" (T8B1)

> "Every time whenever there is a meeting mainly they focus on that we need to follow the policies and procedures given from DGET." (P1F2)

Lack of DGET follow up on training transfer was a major concern raised by almost all participants in Med-Ed (92%) and most participants in Speciality-Ed (81%). Participants revealed that the only form of programme evaluation takes place at the end of a programme in the form of filling up an evaluation form. There is no further follow up for evaluating training transfer or impact. That was evident in statements like:

> "Only evaluation form by end of workshop to evaluate event and speaker, it's a policy" (P4B1)

Supervisors were in agreement with their faculty about the lack of DGET follow up on training transfer. For example:

> "No what they have is after workshop, they get feedback. That form for feedback, but follow up after that, you know, it doesn't happen here. It doesn't happen." (S1G2)

> "I have never been asked if I applied - neither my department members" (S1C1)

Theme	Subtheme	Factors	# occurrences	Illustration
Subjective norm	Higher management (DGET)	Lack of communication and support	Med-Ed: 40 Speciality-Ed: 21	"See we don't have any connection with DGET directly. So I don't know what kind of support they provide" (T2J2)

		No follow up	Med-Ed: 49 Speciality-Ed: 30	"This is the only thing with the DGET that they are doing some workshops that's beneficial sometimes but a direct contact with them, I didn't see that" (T2G2)

Table 7. DGET management support

5.3.2 Institute management support

The second subtheme identified by participants to influence their training transfer was Institute management support from Dean and HOD (Table 8 and 9). Two main factors emerged from participants' interviews associated with Dean's support: (1) ineffective transfer policy; and (2) lack of follow up, whereas, (1) allowing implementation after discussion, and (2) lack of follow up were the factors linked to HOD's support.

Institute management consisted of the head of management who was the Dean, and all Heads of Departments, whom by default, were members of Institute Management Board (IMB). Participants acknowledged the existence of a policy related to training transfer that requires all trainees to submit a written report and/or present to other colleagues post-training. This was clear in participant (T1A1) statement: "There is a policy now from Ministry that if you attended you must present to others". Most participants in both Institutes (Med-Ed: 81%, and Speciality-Ed: 78%) criticised the implementation of such policy of having no clear guidelines for practice.

> "The only form of follow up from Dean that he requests a written report" (S1B1)

> "According to the policy, if you attend a workshop or training session, you have to mimic that or you have to write a report about it or deliver at least a presentation to your staff but unfortunately, this is not really happening. The sharing of information is really lagging little bit" (M1C2)

Furthermore, without a follow up system, participants felt it was up to them to transfer or not. Participant (T1B1) mentioned that it is "left to the person". Similarly another participant argued:

> "They would say why don't you present but it is not a must. With the previous Dean it was a must but now not that much as the people who went to Dundee for Medical Education course they came back and they didn't share anything with us. So, people go for courses, come back and you don't even know what they went for" (P1D1)

There was consent among participants in both cases, as almost all Med-Ed participants (94%) and most Speciality-Ed participants (84%) affirmed the lack of a formal monitoring system within the organisation of following up on training transfer. Therefore, they felt that they were not being held accountable when it comes to training transfer. This was also clear in supervisors' statements like:

> "I am not held accountable by the Institute to transfer trained knowledge or skills. I am held accountable to myself" (S1B1)

> "No follow by management, I would say probably that's an area of weakness to some extent, it's pretty much left up to individuals" (S1E1)

> "The support is invisible in the sense that you went for the specific training, and you are expected to apply it. But it's not monitored if what you've learned is being practiced" (S1F2)

Specifically, participants described the current follow up by the Dean to be very inconsistent and mainly informal in the form of chitchats taking place in offices and corridors. Participant (T5B1) stated that "Sometimes informally when the Dean take his rounds between the offices (he) can ask about workshops". Other participants confirmed the same:

"It's just face-to-face talk" (T2E1)

"Sometimes they ask people attending a workshop to do an echo seminar for the staff who are here. I don't know if they follow up" (S1J2)

Participants felt the need for a proper follow up policy to reinforce training transfer. This was evident in supervisor (S1A1) quote, who stated that "there should be a proper policy of follow up and encouraging staff to present". Similarly, Participant (T1A1) demonstrated that "no follow up from Dean or HOD, there should be follow up and planning in a proper manner with means of encouragement not authoritarian style". Participant (T6H2) also added that "If you are not following them, they will stay in one stage and they will not move. And I think people tend to be more motivated if some people watching them. If not, they will go and they will do their normal and usual things". Participants gave examples of follow up practice by management which lead to forms of training transfer. They indicated that transfer occurred in the form of producing teaching plans and documentation of these plans in a teaching portfolio. This was clear in the following statements:

"If nominated for an important course like quality, you will be requested by Dean to present to others." (T1C1)

"As I told you, they want us to have a teaching portfolio. It should be ready in one month. Plus we have to know by heart all the policies and all the procedures in the institute. It's really hard. Maybe sometimes, I focus more on the quality issues, neglecting the other important things." (T1H2)

"Sometimes I attend small seminars or workshops, I did not present, now sometimes they also ask people to do echo seminar, but here the problem, now they are doing risk management which I think we attended before two years or one year and a half and the echo is done now. I think it's now only done for the sake of quality assurance and compiling evidences that we are doing." (S1J2)

The findings showed that the Head of Departments were identified to be the most influential compared to the other groups at work when it comes to training transfer. This was not surprising due the managerial hierarchal structure within the Institutes.

When prompted about the type of support they get from their HOD, participants appreciated the positive support in the form of: verbal encouragement of enhancing performance, and allowing them to attend training programmes.

Verbal encouragement of enhancing performance in the form of discussions about performance and developmental programmes attended were the common forms of support from HOD. Participants supported this through statements like:

> "Probably, I'll talk to the Head. Usually, I go to the Head but it never happened that I go to the Dean and talk to him about the workshop." (P2B1)

> "Head encourage us. Even during the feedback that she gives us she tries to motivate us, she is trying to give you like a hint the way you go on to improve yourself" (T3D1)

> "Our HOD tries to encourage us to use his very high technology…. we get quite a lot of encouragement from him" (T2E1)

Regarding informal discussions with the HOD, Participant (P1A1) stated that "once you come back, then she will sit with you and say 'okay, what was the objective? Did you achieve these objectives? Did you meet your goals?'". Another participant (T4C1) indicated the same - "informally discussing how good was it" - but no formal discussions or follow up.

Furthermore, HODs in both Institutes identified allowing faculty members to attend training programmes of their interest as a way of supporting them to learn and have new experiences. This evident in their following quotes:

> "I am encouraging them [to attend training programmes] and I try to show them that this is important" (S1B1)

> "My department members are encouraged to attend and are reminded of such activities through emails or memos" (S1E1)

> "If they want to attend sometime, I said 'okay' and again managing the things in the department" (S1A1)

> "They see the flyers or whatever advertisement for conference. They come to me. So what I do is I ask them to arrange their classes and then they arrange their clinical. So they can attend. So no barriers from my side." (S1G2)

> "I don't mind they go and I agree during the clinical weeks, they are free to go because they are not teaching. Two weeks they are free here so they can go" (S1J2)

This was also confirmed by their faculty members within the Institutes when they expressed that:

> "Everybody will encourage you to attend, learn and do this and do that but how in terms of time" (P2C1)

> "They actually release you from if you have like teaching, they try to arrange for someone else to take your teaching classes so that you can attend" (T3O2)

In relation to HOD support of training transfer, participants identified two constraints: (1) HOD approval prior to implementation, and (2) lack of HOD role in setting goals and action plans.

Majority of participants in both Institutes (Med-Ed: 55%, and Speciality-Ed: 65%) argued that it was understood HOD had to be notified before making any change within the department. Participant (P1A1) explained that "we should discuss first with the Head of Department, 'I have like this idea I want to implement' and she has to give her own feedback and comment to you and if she says okay you can start. You cannot jump in and start new technique without discussing." This was supported by participants as they indicated the need to discuss any intended transfer of training with their HOD before actual implementation:

> "We come to HOD to get permission to implement new things" (T1B1)

> "If I want to apply something new, I suggest to HOD and then it is left to them to decide if they want it or not" (T6B1)

Supervisors (HODs) also stated the need for granting permission before implementing new trained skills to ensure its positive effect on the students and/or the department:

> "There is a system to come and implement a change, you don't just come and implement something. First of all, you need to discuss it with your seniors or the HOD that I learned this and I want to try it. If it's something personal, I mean, I want to try it in my teaching and it's something good. It's okay, I mean, because there will be peers that are attending there and they are going to evaluate. They will give feedback to continue with it or better stop it according to its effect on students" (S1D1)

> "They do their own plan and discuss with me the possibility of implementing and if it is yes then ok" (S1C1)

When asked about their experience of any departmental practices to encourage training transfer like getting help from HODs in setting goals prior to training or action plans post-training, almost all participants (Med-Ed: 91%, Speciality-Ed: 92%) including their supervisors said that it never happened. Members were not encouraged to set goals prior to attending training programmes at department level. For example:

> "No, I can't remember. She would support, generally yes, she would support but discussing the goals, sitting with me and so on and so forth, I can't remember actually" (T1A1)

> "We inform HOD about our intention to attend and give information to why we think it is important for us but no setting goals" (T6B1)

> "As I said, nobody communicated prior or after, nobody. They don't have this thing here. I am talking about my department like the area where I work today and not the others. Maybe someone is having something else." (T2G2)

Regarding creating an action plan post-training, similarly, participants within both Institutes answered negatively as it is not practiced within their departments. This was clear in the following statements:

> "Frankly speaking, nothing. I can't remember there was an action plan, at all. I went to so many, I did not even request from my Head of Department, not even motivation, nothing." (T1A1)

"No formal action plan setting but informally discussing how good was it" (T3D1)

"To sit like with the Head of Department and discuss this, we don't do it." (T1E1)

"All staff are overloaded with the work. So there is no time even to sit and have goals set or action plans" (P1F2)

The same was confirmed by their supervisors about the lack of support in the form of setting goals or action plans. This was clear in statements like:

"Help in setting goals or action plans, no. I don't." (S1H2)

"Never. Like none of the staff that came and they said, 'I want to attend this, I want to achieve this goal and this'" (S1A1)

"Setting goals prior training is not realistic in our work environment" (S1B1)

"Setting goals prior-training, no. I don't do it personally" (S1F2)

Theme	Subtheme	Factors	# occurrences	Illustration
Subjective norm	Institute management: Dean	Ineffective transfer policy	Med-Ed: 43 Speciality-Ed: 29	"The only form of follow up from Dean that he requests a written report" (S1B1)

		No follow up	Med-Ed: 50 Speciality-Ed: 31	"No follow up at all not even from our Institute" (T2A1)

Table 8. Institute management support: Dean

Theme	Subtheme	Factors	# occurrences	Illustration
Subjective norm	Institute management: Head of Department	HOD approval prior to implementation	Med-Ed: 29 Speciality-Ed: 24	"We discuss any innovative idea that a staff member suggest and if everyone in the department is happy with it we go ahead and give it a try" (S1B1)
		lack of HOD role in setting goals and action plans	Med-Ed: 48 Speciality-Ed: 34	"To be honest within the department, you are the one who decide to push yourself, to work harder, to bring something

				new to the department. Everyone especially the Head of Department is so busy with other tasks, so we hardly ever have someone who actually pushes us to do better in the department." (T3A1)

Table 9. Institute management support: HOD

5.3.3 Peers support

The third subtheme under subjective norm perceived to influence faculty's training transfer was the type of support provided from peers (Table 10). Participants identified: (1) sharing information on individual basis; and (2) providing feedback upon request as the main factors affecting their training transfer under this subtheme.

Most participants in both cases (Med-Ed: 81%, Speciality-Ed: 86%) reported that the exchange of information between peers is mainly on individual basis in an informal way. Participants described their peers of being supportive as they tend to share information like articles or teaching materials when approached for support. This is stated in the following quotes:

> "I think we do support each other in terms of articles and if they are junior, they say 'Oh, we want this and this' and we just jump ahead …. and this is how it goes and sometimes, for example, I taught certain courses last year or

last semester and this year another staff is teaching, so do you have all the material and this, so again we share all the PowerPoint and everything. We give it to each other. They just modify it accordingly" (S1A1)

"If we ask our colleagues for their help or experience they are happy to help" (T5B1)

"We share almost everything, everyone is helpful if you ask" (T3C1)

"They will always come and ask you if you need help and they will encourage you to attend workshops to just develop ourselves as new teachers but sitting together after workshop, no it didn't happen." (T6G2)

Participants in both Institutes mentioned that there is no formal practice within the department for meeting up with peers to share information about attended training programmes as they explained below:

"No formal platform for sharing ideas and skills but departmental meeting can be used but it is not in the agenda of meeting. Usually at end of meeting HOD will ask if anyone would like to add anything" (T2A1)

"No formal way of sharing skills" (P2C1)

"When I go back from the workshop, I just talk to the person sitting next to me to discuss the things that happened in the workshop, the things they have learned, what things we could come up with and integrated. It would be a discussion about the matter but there would be no real application and integration of things" (T7H2)

The same was confirmed by their supervisors when stated that:

"I mean, we will usually discuss it internally. We are a small department so it's easy to just discuss and chat informally" (S1E1)

"Maybe they share with colleague, but department wise, we don't do it." (S1G2)

In addition, participants showed frustration with having no formal practices within the department to support training transfer. They said it would take them long way to improve the system. For example:

> "If I want you to benefit from the workshop or seminar I attended…. I will do explaining from A to Z, not only keep discussing during our breaks, during free time, during meeting and chitchat. This is I can say a chitchat." (T2A1)

> "Nobody would encourage you to apply new things" (T1D1)

> "We have departmental meeting but throughout the meetings I did not come across a meeting that we discussed about a new thing or a presentation or anything that I attended or my colleague attended, it is usually like work oriented." (T3O2)

Participants stated that changing peers' performance is difficult unless directions come from Institute management. This was clear in statements like:

> "It's difficult to convince people to implement things in their own work, in their responsibilities when it's your idea. To convince them is easier if it goes to the department management. But when you are talking about something advanced, people still hesitate, they are happy about what is going on" (T2A1)

> "You shouldn't expect encouragement from peers as there is always competition, I see the resistance from old staff as they have been doing the same thing for a long time and they don't want to change" (T8B1)

> "Some staff unfortunately whenever you suggest new ideas, I don't know why they convert it to negative" (T1A1)

> "May be I can say it depends. Not everybody will be with it. Sometimes if they present a trend or an innovation in a certain practice not everybody like favour it. So it's resistance from faculty, may be, the disadvantage. Not all of them willing to adapt the change." (S1H2)

The second factor identified by participants under peers' support was feedback. Minority of Med-Ed participants (34%), and majority of Speciality-Ed participants (56%) acknowledged that feedback is provided only upon request. Participant (P1A1) explained that peers can ask for feedback if they wanted to implement or already were implementing a new technique, who stated that "he can ask 'Okay, you want to come and attend my class as I have this new technique I am using', yes, they are doing this. Yeah, we share and then we give feedback. If it is good, then we can start implementing. If we have some comments, then we give our comments."

One form of peer support that participants reported to positively influence their training transfer was feedback from mentors available to participants within a mentorship. Participants found it beneficial as it made them feel more confident to perform their tasks and transfer some of their new learning as they had someone to share the different ideas with. One supervisor (S1B1) from Speciality-Ed described being a mentor to others, who stated that "I allow them to attend and observe my classes especially juniors, seniors can mentor juniors by allowing them to sit in their sessions and go through their plans when it is their time to give sessions". Another supervisor (S1F2) from Med-Ed also described their mentorship programme as stated that "All the new Omani teachers that come, who are Bachelor holders and preparing to go for Masters, there is a mentorship programme for them. It is for one year where they will be attached to a senior faculty member, so they are shown the ropes from the beginning. But we do have a three day orientation in place for the new non-Omani teachers, where they are informed about everything about the institute." Participants also described being in a supportive mentorship relationship with a senior colleague as stated that:

> "I think mentoring is the best method of support. I asked to have someone with me in my first clinical supervision as I feel more comfortable that I have someone who can add information if needed and gives me comments directly on my method of teaching. I was lucky to teach a course with a senior from another department who was with me all the way from preparing for classes and attending with me and I didn't have to go to HOD for information or feedback." (T2C1)

"I am confident about it because I am working together with a senior colleague and anytime I have a question or anything, I refer to her. If I want to try anything new which I don't know, I can take feedback from my colleague that I am going to use this method, what do you think about it or how can I use it, so I can share the thing that I want to use it and then I can take different ideas from my colleagues and then I'll try it and if it works in a good way, so I can use it in my teaching." (T2D1)

"I depend on my mentor and preceptor to get to know all of these things, how do you assess the students in the clinical, in the theory, how to get classes and all of these things." (T6G2)

"My mentor, he supports me a lot. He is a coordinator. Each of us, the new teachers, has a mentor. The same mentor will follow us until we go for the Masters. My mentor is the coordinator of the specialty. I also have another mentor in another speciality that I am connected with. Not the coordinator but a senior staff." (T1H2)

Theme	Subtheme	Factors	# occurrences	Illustration
Subjective norm	Peers	Sharing information on individual basis	Med-Ed: 43 Speciality-Ed: 32	"Informally we discuss ideas, circulate learning materials from a conference to others" (T1C1)
		Providing feedback upon request	Med-Ed: 18 Speciality-Ed: 22	"As colleagues sometimes we sit together and discuss, maybe she will discuss the way she is

				using this method and it was successful. So sometimes we get ideas from each other" (T1G2)

Table 10. Peers support

5.3.4 Students' influence

The fourth subtheme recognised by participants was the students' influence on their training transfer (Table 11). One main factor confirmed by almost all Med-Ed participants (94%), and majority of Speciality-Ed participants (62%) participants under this subtheme was resistance to change. Students' resistance to change was explained by participants to result from: (1) poor English level, and (2) being used to traditional way of teaching.

Firstly, participants expressed that their students are allowed to register for the programme with poor English level due to lower requirements within the entry system. supervisor (S1B1) explained that the entry assessments are allowing students with low level of English which is the language used for teaching the programme, who stated that "the level of some students is very low because they were not filtered". The same was supported by participant (P1C1) who said "they are bringing students who are not ready and their English level isn't high enough".

Therefore, participants perceived implementing new techniques to a class of students with poor English to be more difficult and time consuming. Participant (T2E1) explained that "a lot of time is taken to just introduce the topic so it makes sense to students and then proceed from there. So that's where we go out of time and so we cannot use many new techniques". Another participant (P1E1) also added that "usually a senior class with good master of English is easier [to implement new techniques] but it will be very difficult for junior class".

Secondly, participants identified the traditional style of learning that students are used to, after spending twelve years within the general education system, as a reason for

resisting change. Participants stated that students tend to resist implementing new methods of teaching like student-centred learning. This was expressed by participants in statements like:

> "Totally different from what they are used to and they always want hand-outs. They don't like change, they like routine as they feel safe. We got lots of resistance when we just changed the seating in class" (T2C1)

> "The students are not helping in using a new system. Students are not happy about it, they say we are used to have notes and PowerPoint presentations, it is easier for us" (T2D1)

Due to students' resistance and level, participants were apprehensive as they perceived their training transfer to be associated with risks like: (1) negatively influencing students' results, (2) more time needed to implement new changes in class, and (3) being in a culture that does not tolerate errors.

Participant (T1C1) questioned if implementing new techniques in class would lead to positive results as stated "would students actually respond well to that? Would they have good feedback?" Participant (T2B1) was very cautious about implementing new techniques as stated that "The focus is our students as they are our clients and I don't implement just because it is new or others are using it as I need to be sure first that it will be beneficial to my students. There is a risk of negatively affecting students' results if they don't get it and then you will be questioned about it". Another participant (T1D1) shared an experience where implementing new assessment tool created more work for them:

> "It happened once that we gave students an assignment and most failed so they complained to HOD and Dean. So they started questioning us and we had to do it again which means more work" (T1D1)

Furthermore, participants mentioned that the culture within the Institute is not supportive of people who do mistakes, therefore there is a risk when trying to implement new learned skills or knowledge back to the workplace. This is shown in the following statements:

"If you do a mistake you have to take the consequences as you will be punished for it but they don't remember what you have done before" (T9B1)

"If you will mistake in one day, they will not forget it. They will forgot what you was doing previous years, just they will remember the small mistakes but they will not remember the amount of hard work you did..... It happened with me personally" (T2A1)

Theme	Subtheme	Factors	# occurrences	Illustration
Subjective norm	Students	Resistance to change	Med-Ed: 50 Speciality-Ed: 23	"Student resistance, not as resistance but their level of knowledge and grasp of language. The only discouragement I would get is from the students themselves. When they do not show interest and particular involvement into a new idea" (T2E1)

Table 11. Students' influence

5.4 How do trainees perceive the transfer opportunities provided to them in their organisation and their ability to transfer after attending training programmes?

Lack of resources and time constraints were the main factors perceived by participants to influence their training transfer. Both were described as hindering factors to the implementation of what they learned in training to their workplace. The research question is illustrated by three subthemes: resource availability, workload, and time.

5.4.1 Resource availability

The first subtheme appeared to affect participants' perceived behaviour control was resource availability (Table 12). Three main factors emerged from participants' interviews: (1) available resources for faculty, (2) lengthy process of getting resources at time of transfer, and (3) lack of resources for students.

In the two Institutes investigated, there was a difference in participants' perception of adequacy of resources for faculty within their workplace. Speciality-Ed participants indicated that they tended to get the resources they asked for compared to other neighbouring Institutes. This was expressed by participant (T3A1) who stated that "I think all resources are fair. I don't want to compare ourselves with others but I can see the difference between what we have and what the other institutes have". Supervisor (S1A1) explained this was because of the production of "a well-written document with good and clear rationale" stating all the resources needed for each academic year. This document was sent to the Ministry through DGET at the beginning of every academic year to provide the resources needed. Other participants also confirmed this perception:

> "I think yes we will get support because if you write a good justification why you want to have these changes and this, they will support you once you give a good justification, yeah." (P1A1)

> "We have internet and connection" (P3B1)

The same was also indicated by supervisors in statement like:

> "In every classroom we have a PC, LCD projectors and computers so staff use electronic presentations and use internet" (S1E1)

> "DGET never rejected our request for any resources. They provided us with good classroom and latest kind of equipment" (S1B1)

Nevertheless, majority of participants in Speciality-Ed (57%) were cautious about the limitation of resources when new materials were needed like after training. This was due to the large number of staff and students that they have at their workplace and/or

the time needed to order additional resources because of the long administrative process.

By contrast, most participants from Med-Ed (85%) expressed their frustration with the resources available to them in their Institute. They described the resources to be unsatisfactory and demotivating. This was evident in statements like:

> "There is no resources at all. Even this LCD is not working. We want to utilise whatever new things, no resources. Whatever we have here, not working, not functioning. We have to bring our own laptop, these computers are not working" (T3J2)

> "On a daily basis we are complaining of internet, we don't know. Sometimes, we have internet, sometimes we don't have. Sometimes, we have printers, sometimes we don't have. So these are again effecting our motivation" (T1G2)

Their supervisors also expressed the same frustration about resources available. For example:

> "We need the infrastructure. Here the internet falls down, sometimes it comes to a standstill. You can't print, you can't make copies, and you can't communicate. So before anything happens, we need money to put that structure in place" (S1F2)

The second factor under resource availability was the lengthy process of getting resources. All participants (100%) in both cases agreed that the process of getting resources from the Ministry takes a long time, from the point of requesting till actually receiving it. Both supervisors and faculty agreed and confirmed this as clearly indicated in statements like:

> "Main hindering factor, we have to send request to Ministry which takes like one year or more, maybe we will get or maybe not, you will never get a book in here in less than a year" (S1E1)

> "The resources within the ministry of health is available but it takes long time. The financial support is there, but you can't reach it. It takes us long time to reach that money and to get utilising it. This is the main problem. This is the constraint that we have." (T1O2)

Consequently, participants did not believe that their work environment allowed them to apply or implement what they have learned in training. This was especially the case, when additional resources were needed than what was already there. It was also indicated that the Institutes did not have autonomy when it comes to financial resources and budget. This was illustrated by the following quotes from participants:

> "Because if you will request this year, they will say it's not on the budget, so we need to wait for the next year. Till the next year come, you forgot what they were talking about in the workshop. Very slow process, very slow but luckily, we are getting things. This is what I feel." (T2A1)

> "The process in the Ministry is very slow till it comes back to us we think 'did we order this?' that is a disadvantage as they will be frustrated and by the time they get the resources, they already forgot about it" (S1A1)

> "Unfortunately, if you learn something and you want to implement it, you have to pay from your pocket. So if you want to implement something, you have to work hard to do it, and don't wait for the Ministry of Health to provide you with the resources." (T6H2)

The third factor under resource availability was the lack of resources for students within both Institutes. Most of Med-Ed participants (89%) and majority of Speciality-Ed participants (62%) admitted that resources available for students to complete their course work and assignments are limited. Participant (T3A1) conveyed this as follows: "Multimedia labs are occupied most of the time and the students cannot go and they don't have internet at the hostels which is another major problem. Our students have major difficulties in getting the resources for the exam and sometimes we have to take them to other external libraries like SQU library for them to go and search out what they need for their assignments". Another participant (T1G2) indicated the effect of this on their work environment when stated that: "I think the whole institute should be

changed because now we have more students and the place is small and we have more faculty. So sometimes, faculty are not getting place especially new faculty and now the total number of students 300 something. So I feel the place is congested. It is like a market and I feel the environment is not helping at all".

The same was also identified by supervisors in statements like:

> "First of all, we don't have enough computer labs. We have only two labs and then we have around 300 plus students." (S1G2)

Availability of resources was considered by most of research participants as a hindering factor to their training transfer. This was clear in one of the statements voiced by participant (T1A1) saying that 'if things are related to resources, it is difficult. Sometimes, there are limited resources. A good example, we were aiming to buy a new model that we can take X-ray. Unfortunately, until now, we didn't get it so there is kind of barriers which mainly, you can say financial barriers'. Other participants when asked about the main hindering factors to their training transfer, answered:

> "Resource is the main one." (P1A1)
>
> "I would say lack of resource." (T8H2)
>
> "First of all resources. I was shocked when I came here." (T6G2)
>
> "First thing is lack of resources." (P1F2)

Theme	Subtheme	Factors	# occurrences	Illustration
Perceived behaviour control	Resource availability	Lengthy process	Med-Ed: 53 Speciality-Ed: 37	"DGET will support if we need anything but it takes a long process until it come back to us as it has to be within the

				yearly budget system or if it is sudden we would not get it" (T2D1)
		Unavailable for faculty	Med-Ed: 45 Speciality-Ed: 21	"Small changes you can implement but if you need new resources like instruments or reagents you cannot implement immediately as it will take at least one year to get such resources" (T3B1)
		Unavailable for students	Med-Ed: 47 Speciality-Ed: 23	"Students don't have any facilities" (P1F2)

Table 12. Resource availability

5.4.2 Workload

The second subtheme identified to affect participants' perceived behaviour control was the workload (Table 13). Participants identified: (1) current administrative load, (2) risk of extra load, and (3) lack of workload adjustment as the main factors affecting their training transfer under this subtheme.

Most participants (Med-Ed: 89%; Speciality-Ed: 86%) in both Institutes concurred that they are overloaded with administrative work. They related that to two main reasons: shortage of staff and lack of administrative support departments or system.

Regarding shortage of staff, participants explained that the number of students increased while the number of staff remained the same. This caused more workload

for each faculty member as described by participant (T6B1): “teacher to student ratio is very low in here and number of students is high for any technical course as it is practical based and we need to show them things”. Similarly other participants stated that:

> “Workload is heavy. Once we have enough staff, then workload will reduce because it can be divided among other staff instead of one staff having a lot of things.” (P1A1)

> “Workload is an issue because we have a shortage of faculty within the academic year and they are going to increase the number of students and the process of recruiting again, it is taking long time. So that is an issue.” (T1O2)

> “We have shortage of staff. But I think when there is enough staff, there will be more chances. Maybe.” (T7G2)

Participants described the different roles that they do as academics like teaching and research. In addition, they discussed their additional administrative and committee tasks that according to them should not be their responsibility. Participants explained that this was due to the lack of proper supporting departments. Participant (T2A1) criticised taking on tasks that is not within their specialisation: “We are not specialised in student counselling but we don’t have a person specialised so we try to do as much as we can to help the students. So that means we are a multipurpose academic”. Participants showed frustration with the number of tasks that they had to deal with on daily basis. For example:

> “The work environment is very discouraging as everyone is tensioned with the amount of work that we do as we have teaching, administrative work and committee tasks” (T9B1)

> “We have our own tasks. In addition to that, we are doing the student advising, allocate clinical teaching, assessing, reviewing curriculum, reviewing marks, peer reviewing, organizing workshops, members in different committees and we have tasks in the committees to do. People in the institute are overloaded, very overloaded” (S1D1)

> "Sometimes you feel that you are loaded. You cannot do the things on time and efficiently. I mean, the quality of the work will deteriorate. All responsibilities on one person. It is difficult" (P1F2)

Supervisors also showed frustration with the lack of proper support departments and hence the increased workload. This was evident in statements like:

> "We have no supporting departments and therefor staff are loaded having to fulfil different roles" (S1B1).

> "Workload will reduce if we have proper student management system, if we have proper counsellors, if we have student advisers and if we have secretaries" (S1D1)

The second factor under this subtheme was risk of extra load. Most of Med-Ed participants (75%) and majority of Speciality-Ed participants (70%) explained that with the current low number of staff and their heavy workload, training transfer is perceived as extra burden. Following quotes demonstrate this:

> "There is shortage of staff and when we have shortage of staff, we have people who are not motivated, so they don't want to do extra work" (P1D1)

> "Once we have full staff level and facilities then we can implement new things" (T4C1)

> "It will be like, extra things you have to do on your own time." (T6H2)

> "Sometimes, our workload will lead us to focus on delivering specific things. We cannot add any extra." (T1H2)

Participants demonstrated that they take work home or stay late after working hours as a way of managing the workload that they have. For example:

> "I continue my work at home. So like, correction of paper, I do it at home" (T4D1)

"Within the institute, you hardly ever have time to do anything. You are busy most of the time. Sometimes, you have to leave late because you are busy most of the times" (T3A1)

Supervisors also confirmed the need to do work after office hours to manage heavy workload in statements like:

"Too much work without any returns for people. They even work at home sometimes for what? They are not even paid enough" (S1B1)

"Assignments were sent sometimes at the end of the day and you should submit it next day morning. Being part of the IMB I have to do work in my home." (S1J2)

"There is too much of work, sometimes we are bombarded. I am sitting up to 6 o'clock because I am unable to finish. People are thinking that I am doing some personal work. I am doing institution work because I cannot do it at home." (T2J2)

The final factor under workload was lack of workload adjustment. It was not surprising to hear from most participant in both Institutes (Med-Ed: 87%; Speciality-Ed:76%) that workload adjustment was not practiced within the Institutes to allow more time for trainees to transfer what was learned in training. For example:

"Workload cannot be reduced and you need to manage with what you already have if you want to implement new things" (T8B1)

"If you reduce workload that means you will transfer the load to another staff" (P2C1)

"I am working on a research paper but my workload is not reduced and I cannot ask for that, I do a lot of work at home like many others" (P2B1)

Supervisors also agreed that workload adjustment to allow training transfer was not possible. This was clear in statements like:

"We don't have enough number of staff to reduce the workload for transferring training" (S1C1)

"Workload adjustment is not practiced in my department" (S1G2)

Theme	Subtheme	Factors	# occurrences	Illustration
Perceived behaviour control	Workload	Administrative load	Med-Ed: 47 Speciality-Ed: 32	"There is a limit of how much you are going to do. At the end of the day, we are here as faculties to teach and that should be our number one priority not committee and administrative work" (P1D1)
		Perceived as extra load	Med-Ed: 40 Speciality-Ed: 26	"workload cannot be reduced; in the contrary it will increase if you try to implement something new" (P4B1)
		No workload adjustment	Med-Ed: 46 Speciality-Ed: 28	"Not at all. The workload is the same if you want to do another idea. No

				adjustment at all." (S1J2)

Table 13. Workload

5.4.3 Time

Participants perceived two main risks related to limited time available: the risk of needing more time to transfer new learned knowledge or skills, and the risk of negatively affecting their performance (Table 14).

Most Med-Ed participants (77%) and majority of Speciality-Ed participants (68%) affirmed that training transfer would take more of their time. Supervisor (S1B1) explained that sometimes to enhance the learning experience they need to increase the number of hours for each session who clarified that "If staff wants to conduct activities with students we do allow them to split the students into two groups as it will be easier to control but that means they will teach two hours instead of one". This was supported by another participant (T1C1) who described the need for more time: "Using innovative methods like role play and competition is time consuming and you end up using students' break time and spare time to finish the topic". Another participant (T1O2) also added that "Some of the new skills or new teaching techniques need more time, and due to time constraint, you won't be able to implement such things".

The other risk concerning time constraints was that of negatively influencing their performance in completing the course objectives. Most Med-participants (87%) and only minority of Speciality-Ed participants (49%) emphasised the importance of finishing the curriculum on time and indicated that training transfer would risk achieving that goal. Participant (T7B1) revealed this by stating: "[The] most important thing - to finish [the] curriculum for students". Another participant (T3C1) also added that "time is an issue because you are restricted with a curriculum that you need to finish in 15 weeks which is not enough". Participant (P2D1) argued that "they say use that students-centered learning, but where is the time. You have a course overview to finish and you have certain hours". Other participants also stated:

> "There is a high risk that I won't achieve the objectives due to time constraints" (T2C1).

> "I feel though we learned how to bring new ways of teaching or creative ways but we are not able to apply them because of lack of time; everybody is busy plus the environment is not helping because we have limited hours to teach and we should not go beyond that. So if we use different ways, it might take time plus it needs time to prepare." (T1G2)

Participants identified workload and the limited time they have to cover the different tasks as a barrier to their training transfer. Participant (T1E1) stated that "we have a lot of work to do and the time is not enough within the day". Similarly participant (T1C1) argued that "time is the main constraint, I don't think the ability is. If you have time with the help of your peers you can actually start". Other participants emphasised this in statements like:

> "I started the semester and I have like dozens of ideas in my head and I just never had the chance to implement them because I wasn't given enough time to do it. Since we started the semester, you are just busy and busy and busy" (T3A1)

> "We like new ideas but I feel right now if it is extra work from our side, we are bit hesitant. We rather just do what we are doing because it's easier for us" (P1D1)

> "When I finish workshops and programs. I feel motivated to do change or adopt something. But when I come to the reality, I will not be able to do things because of the workload." (T7H2)

Theme	Subtheme	Factors	# occurrences	Illustration
Perceived behaviour control	Time	Takes time	Med-Ed: 41 Speciality-Ed: 25	"Sometimes I don't implement new methods because I know that maybe I don't have time

				to prepare for it. New things require preparation" (T2C1)
		Risk of affecting performance	Med-Ed: 46 Speciality-Ed: 19	"time is an issue because you are restricted with a curriculum that you need to finish in 15 weeks which is not enough" (T3C1)

Table 14. Time

5.5 Summary

This chapter presented the findings of this study by highlighting the factors influencing faculty's decision making process about their training transfer behaviour. It has achieved this by decomposing the factors influencing faculty's attitudes, perceptions of subjective norms and perceptions of behaviour control towards transferring what they have learned in training to their workplace. The following chapter aims to discuss the findings of this research in relation to training transfer literature.

Chapter 6 Discussion, implications and conclusion

6.1 Introduction:

The aim of this research is to understand training transfer from the perspective of trainees by understanding the factors influencing their attitudes, their perception of subjective norm and perception of behaviour control within their workplace. The body of literature presented in chapters 2 and 3 demonstrates an absence of studies of conceptual frameworks that include in-depth understanding of factors influencing individuals' decision making process and its effect on their intentions to transfer and training transfer behaviour. This study has investigated these concerns by adopting the theory of planned behaviour in order to contribute towards providing a better understanding of training transfer in Omani context. The findings gave more insight on factors perceived to be essential for participants to enhance their willingness to transfer training. This chapter aims to discuss the implications of the exploratory findings in view of the literature and revise the conceptual framework proposed in chapter 3, based on the factors found to most influence training transfer in Omani context. This chapter concludes this research by highlighting the contribution of this study, drawing a number of implications for practice, discussing limitations of the study and proposing recommendations for future research.

6.2 Attitudes and behavioural beliefs:

The findings of this study have showed that some forms of transfer were evident in the workplace. Therefore some faculty decided to transfer some of the training while deciding not to transfer other training programmes. For example, almost all participants demonstrated that they had to develop a portfolio for their teaching and a departmental portfolio after attending few workshops on the topic. Faculty addressed that their supervisors were following up and reinforcing their transfer and performance. Other training programmes, like utilising a new technological tool (Smart board) in teaching, were not transferred by many participants as they explained that it does not add much or was not easy for them to use as they felt they needed more hands-on training. Through understanding the factors behind participants' decision to transfer or not transfer, it allowed this study to add to the literature through

decomposing the belief structures underpinning the theory of planned behaviour within the specific context of higher education institutions in Oman. In addition, this research by using a qualitative case study method, contributed to the scarce qualitative transfer literature (Holton and Baldwin, 2003).

The findings of this study found three main behavioural beliefs that are associated with participants' attitudes toward training transfer. These are perceived relevance and usefulness; perceived risks associated with transfer; and reward system. These three behavioural beliefs answer research question three: To what extent trainees' perceive their training transfer as a favourable or unfavourable behaviour and how it influences their decision to transfer? Which are discussed in the following sections.

6.2.1 Lack of relevant and useful developmental programs

Firstly, perceived relevance and usefulness was discussed earlier by different researchers (Warr and Bunce, 1995; Yelon et al., 2004; Burke and Hutchins, 2007) and was found to influence trainees' transfer through their evaluation of the credibility of new skills acquired to improve performance after implementation which should be easy to do. This was suggested by employing expectancy theory to training transfer, as trainees were expected to be motivated to attend and learn if they believe they can gain knowledge or skills and when implementing these new skills will lead to positive outcomes like enhanced job performance (Smith et al., 2008; Yamnill and McLean, 2001).The findings of this research show that most of the developmental programmes provided are perceived to be low in value and usefulness. Participants described the developmental programmes conducted within the institutes to be more in the form of seminars which are theoretical-based and did not meet their expectations because they did not bring a lot of new information that is practical for their daily roles and/or did not expose them to other experiences or expertise of others outside their institutions as they are mainly conducted by their colleagues. Organisational developmental programmes should meet participants' expectations as availability of formal and informal learning opportunities within the organisation does not imply actual learning or development. This was clear in this study and it was explained by the lack of proper human resource (HR) department within the institutes. Internal developmental programmes are organised by faculty, as an additional task, due to the lack of

supporting HR department. Organisational HR practices and strategies are aiming to develop and improve the performance of employees by catering for their needs and understanding their learning preferences (Govaerts, 2011). Employees' needs for faculty development can vary depending upon their role and experience, which should be considered when planning developmental programmes (Bland and Simpson 1997; Rust et al. 2006). Goldstein's (1986, 1991) instructional system design (ISD) model, emphasised that an effective training programme should start with needs assessment. Arthur et al.'s (2003) meta-analysis also found that there is a significant effect of training needs analysis and design features on training effectiveness. This was supported by Bjornberg (2002) who found that best practices implemented procedures like needs analysis and alignment of interventions with the plan of the organisation to ensure effective training and development interventions. Needs analysis allows the identification of skills and competencies that faculty members need to perform their roles effectively (Harris et al., 2007) and includes participants in the process of identifying the gap between the current and the desired performance (Rossett, 1992). Consequently, needs assessment is usually utilised by organisations to ensure relevant training that enhance employees' performance and/or meet organisational strategic goals. The practice of assessing trainees' needs is not evident in this research. Axtell et al. (1997) found that trainees who perceived training as relevant transferred skills immediately after training. Therefore, in this study participants' attitudes might be negatively influenced by the lack of HR practices that are essential for an effective training that can be transferred. This was supported by Hicks et al. (2007) when listed course/learning content and delivery (e.g. providing inappropriate knowledge, not meeting expectations) as a barrier that can hinder effective learning within organisations. Perceived utility of training was also found to be one of the transfer factors that showed a strong and consistent relationship with the transfer (Grossman and Salas, 2011).

Social support for training and training transfer within the organisation can also play a role in influencing trainees' attitudes towards training and training transfer. It was shown that supervisors can support transfer through encouraging training attendance, goal setting, reinforcement, and behaviour modelling (Salas et al., 2006; Salas and Stagl, 2009). Prior to training, supervisors can verbally encourage their employees to

attend by showing why training is important. Chiaburu and Lindsay (2008) suggested that through clear communication of how relevant the training is to trainees' job, organisations can enhance trainees' perception of valuable training outcomes. Additionally, supervisors can discuss plans for actions to be taken to ensure transfer after training (Burke and Hutchins, 2007; Taylor et al., 2005; Wexley and Baldwin, 1986). Lyon et al. (2011) stated that information provided about how the content is going to advance or solve a problem is essential to enhance trainees' motivation to attend and implement what was learned at a later stage. Therefore, if supervisors show that learning and transferring training is important to them, employees will be motivated to learn and transfer (Huczynski and Lewis, 1980). Wagner (2001) stated that teachers can also be motivated to change when they understand their students' learning needs and the best teaching strategies that can be used for achieving these needs. This was previously noted by Guskey (1986) when he argued that professional development can succeed or fail depending on the teachers' motivation when they are in the role of a trainee. The findings of this study show that supervisors are not helping their faculty to set goals or develop action plans for their training transfer. This kind of gap between what research has suggested to result in effective professional development and what is actually practiced in organisations have been illustrated in previous studies (Clarke and Hollingsworth, 2002; Richardson, 2003). This can be one of the reasons why trainees who participate in these activities do not always implement what they have learned (Kent, 2004; Guskey, 2005). The same explanation can be given to the low effectiveness of developmental programmes conducted and the low transferability by the study participants.

6.2.2 Organisational priorities: performance versus innovation and change

Secondly, perceived risks associated with transfer of new knowledge and skills to the workplace. The main concern of most faculty members was to deliver their main role as teachers by satisfying their leaders through finishing their course objectives and any other tasks that they acquire them to do. In addition, they wanted to satisfy their students by providing the course content in an easy, straight forward way so that they don't have any complaints. Training transfer was perceived to be risky act because implementation of new things need more time and it might put them in risk of not

finishing curriculum on time. In addition, any change brings with some uncertainty like if students are going to resist and complaint if they are unsatisfied of going out of their comfort zone and the usual way of doing things. Therefore, these perceived risks can explain participants' decision of not transferring and staying in the status quo because there is no risk of doing so (Janis and Mann, 1977). Most researchers focus on what motivates individuals to take action but ignore the fact that individuals can decide to take no action and that can be because there is no need for an action to be taken or because an opportunity is not present at the time (Anderson, 2003). This study would add one more reason of taking no action and that is; the possible risk of taking an action. Grossman and Salas (2011) in their search for the significant and strongest factors affecting training transfer listed error management (anticipation of errors by trainees, and provide instructions of how to manage such situations; Keith and Frese, 2008); and realistic training environments (practice scenarios or conducting training on the job; Kraiger, 2003; Salas et al., 2006; Burke and Hutchins, 2007) as design factors that had strong relationship with transfer. Error management during training and providing opportunity to practice in a safe environment in the workplace after training can be utilised by organisations to enhance the chances of training transfer.

6.2.3 Lack of reward system linked to training transfer

Finally, the reward system utilised by the organisation and its influence on training transfer. Holton (2000) supported the positive effects associated with reward on training transfer as it is found to motivate individuals. According to Deci and Ryan (2000) motivation is classified into intrinsic and extrinsic. Intrinsic motivation is driven by internal reasons (e.g., enjoyment) while extrinsic motivation is delivered due to reasons outside the self like rewards. In this study, the majority of faculty focused only on extrinsic reward processes like monetary rewards and recognition from management. They described it, as non-existing for transfer while there are rewards for other activities like work related to quality. Only a minority of participants discussed verbal encouragement from HODs in specific occasions when asking them for permission to try new things in class, but other than that, participants perceived no rewards and consequently no commitment from management towards transfer. On the other hand, HODs perceived that if students can benefit, then they can make the time but training transfer is not rewarded as it is considered as part of their job. This opinion

may explain the lack of reward within the institutions. Desire to help students learn was one of the intrinsic motivators previously found to enhance transfer (Frase, 1992). Is the lack of reward and recognition system within the institutions is a way of blaming others for not taking an action or is it an actual de-motivator? There is a need for further investigation, although the participants of this study are ascertain that their efforts being unrecognised and in parts ignored is a main hindering factor for their transfer of what they learned in training. It is difficult to pinpoint what type of motivators drive participants' decision to transfer as argued by Hynds and McDonald (2010) but from the response of this study participants it is favouring extrinsic reward system.

6.3 Subjective norm:

Research has shown that training transfer is more likely to occur in a positive supportive work environment (Rouiller and Goldstein, 1993). The influence of others was evident throughout the interviews. Participants discussed the impact of referent others (management, HODs, peers, students) on their training transfer. Two main criteria influenced participants' choice of influential referent others; these are direct contact and power relation. HODs were the most influential referent others as they had direct relation with faculty and they had the most power compared to other referent others who were also in direct contact with faculty like students and peers. The faculty expected the support of their HODs and peers at the different stages of their training process. This was supported by Huczynski and Lewis (1980) when they suggested that perception of continuous support from supervisors throughout the training process can increase training transfer.

Participants perceived HODs to have the most influence as they have the ability to back them up and encourage them if they believe in the ideas they bring but regarding transfer they only verbally encourage everyone to transfer but no actual follow up or support in transferring new learning. The influence of supervisory support on training transfer was reinforced in previous research (Burke and Hutchins, 2007; Lim and Johnson, 2002; Salas et al., 2006). In this research, students came second but only in one case as they were perceived to be empowered by management in Med-Ed. Consequently, this made transfer more difficult as students resist different styles of teaching because of what they are used to in schools and their poor level of English.

In Specialty-Ed, peers came second as their sharing of information and experiences helped in encouraging them to transfer. Peer support in the form of networking and sharing ideas about what was learned in training (Hawley and Barnard, 2005) and openness to change (Xiao, 1996) were found to be significant in influencing transfer. Although, this positive effect on transfer by peer support was challenged when there is no supervisory support in the workplace, especially on maintaining transfer behaviour (Hawley and Barnard, 2005). The same was found in this study as peers didn't have the power to bring change without the consent of their HODs.

The following sections discuss the normative beliefs that answer research question one: To what extent do subjective norms within the organisation influence trainees' decision to transfer training?

6.3.1 Positive influence of mentorship support

Participants described the support that would enhance their chance of transfer to be: focused on a specific activity; actionable and not only verbal; continuous and not only at one time; flexible and not forced; and always encouraging and positive. Some faculty members found this kind of support in mentorship relation as they felt more confident to try new things and change behaviour. They perceived training transfer to be possible and easier as they had someone more senior who can discuss ideas and share experiences before implementing new skills. They described their relationship with their mentors to be beneficial as it reduced their risk of making errors and facing problems. Lyon et al. (2011) showed that on-going contact like coaching or mentoring is essential to support change in organisations and continued implementation.

The findings of this study found three main behavioural beliefs that are associated with participants' attitudes toward training transfer. These are perceived relevance and usefulness; perceived risks associated with transfer; and reward system. These three behavioural beleifs answer the research question three: To what extent do subjective norms within the organisation influence trainees' decision to transfer training? which are discussed in the following sections.

6.3.2 Non-supportive training transfer culture

There is a need to build a training transfer culture within the workplace if they are serious about the importance of training transfer and the cost effectiveness of the different developmental programmes conducted. Training transfer culture in the sense of setting goals prior to training (Baldwin et al., 2009; Taylor et al., 2005), discussions about transfer (Huczynski and Lewis, 1980), putting an actual plan for transferring after training (Burke and Hutchins, 2007) and providing feedback (Baldwin et al., 2009; Van den Bossche et al., 2010) which was found essential, in previous research, to ensure transfer of what was learned to the workplace. A culture that provides all the support needed to have actual transfer. This kind of culture would reflect the importance of training transfer in their continuous support and performance evaluation. Participants in this study showed that setting goals, discussing transfer, putting action plans and providing feedback is lacking or seldom practiced.

6.3.3 Lack of follow up and feedback

It is clear that training transfer needs reinforcement if not internally then external reinforcement by the influential referent others; their supervisors. In collectivist cultures (versus individualistic) like this, referent others with more power were found to have more influence than less powerful others like peers and students. For example, almost all faculty stated that they had to do a lot of work on quality as they were being audited by a quality accreditation authority. So according to faculty, they had to develop a portfolio for their teaching and a departmental portfolio after attending few workshops on the topic. Lim and Morris (2006) also found that trainees who perceived that they were expected to transfer, felt the need to do so. Faculty, in this study, addressed that it was mandatory to develop a portfolio and their supervisors were following up and reinforcing their transfer and performance. Everybody had a deadline to meet and a task to fulfil in completing the departmental portfolio. Hawley and Barnard (2005) found that when supervisors reflect how training goals are important to fulfil organisational needs then their support becomes more efficient to enhance the chances of training transfer.

The boundaries of the relationship with others is different from one individual to another. Some people can consider their meetings with their supervisors as support

while others consider it as a way to show power and force some tasks on them. Generally, participants did not feel that they are held accountable to transfer because there wasn't any kind of follow up practiced by their management or peers. Baldwin et al. (1991) and Gegenfurtner, et al. (2009) showed that organisations indicate how important is transfer to them by holding trainees accountable to transfer new knowledge. Since HODs and students in this study were perceived to be unsupportive to training transfer through no follow up or reinforcement; and resisting change and preferring direct route of delivering information respectively. Therefore, transfer was not perceived to be important for the organisation. This was illustrated by participants in statements like "sometimes you will go to attend training and come back with nobody asking you anything about the programme that you attended". The same was found in the qualitative study by Clarke (2002) as the minimal perceptions held by trainees about any organisational transfer requirement negatively influenced their degree of transfer.

6.4 Perceived behaviour control:

Perceived behaviour control is essential in its influence on participants' intention to transfer and initiation of transfer after that. According to the participants of this study, their perception of behaviour control was influenced by: opportunity to use during and post training, availability of resources, and availability of time. These control beliefs answer research question two: How do trainees perceive the transfer opportunities provided to them in their organisation and their ability to transfer after attending training programmes? Which are discussed in the following sections.

6.4.1 Lack of time and opportunity to use and

Firstly, participants indicated that opportunity to use what they learned in their workplace is dependent on availability of resources in the workplace once they return from training and availability of time for implementation (Bates et al., 2000). Unfortunately, the findings show that both factors are lacking in the institutes studied here as participants return to their multiple duties after training and face heavy workload that cannot be reduced because of lack of supporting departments and shortage of staff. Researchers affirmed that it is the responsibility of managers to ensure sufficient opportunities for employees to transfer what they learned in training

by allocating time for practice and adjusting their workload accordingly (Clarke, 2002; Gregoire, 1994). Workload adjustment is also not happening in the cases studied, according to management, due to insufficient funds to recruit more staff and the big number of students they have. Workload adjustment was not anticipated by the participants as from their experience it never happened before. Secondly, participants indicated that resources provision is a long process which increases the gap between what they learned in training and implementation of what was learned within their workplace which hinders their intentions to transfer. This is supported by researchers like Lim & Morris (2006) when found that the chances to transfer learning decreases with time and; Salas et al., (2006) when suggested that the gap between training and opportunity to use trained skills should be minimised to increase the chances of transfer.

6.4.2 Lack of resources

Availability of resources was different between the two cases. Although, both institutions get resources through the same higher management (DGHR), Specialty-Ed participants felt that they get the resources that they ask for on annual bases compared to participants in Med-Ed. The difference was in the better communication within Specialty-Ed institution as faculty were aware of the proper way of getting resources through their annual budget report and justification. The other institute, Med-Ed, the budget report is prepared by the institute management without the awareness of faculty members. Although the case but participants in both cases asserted that asking for any resources out of the annual budget report takes a very long time (around a year or more). Under such circumstances of limited resources, organisations should be more selective of training programmes that are essential for achieving specific goals benefiting the organisation and its employees. In addition, (we would expect that management) management should reinforce training transfer by different transfer enhancement interventions like disseminating the organisational goals and expectations of conducting such training programmes.

Another factor found to influence perceived behaviour control is self-efficacy which is the individual's perception of ability to perform the behaviour. Self-efficacy in this study, according to participants, is influenced by the training design itself if allowing

opportunity to use within training context and additional opportunity to use after training via the support of mentors or supervisors in a safe environment where the responsibilities of transferring is shared. Training programme characteristics was not considered in the psychosocial theories but it is a major component in the training transfer models like Ford and Baldwin's model. Therefore, the perception of behaviour control was low among most of the participants in this study as all factors that they indicated as important for their transfer is limited or absent in their work context.

The following table (table 15) summarises all factors identified from both institutes under the different themes discussed in this study.

Theme	Behavioural beliefs	Factors	# occurrences
Attitudes toward transfer	Perceived relevance and usefulness	Irrelevant to main roles	Med-Ed: 48 Speciality-Ed: 26
		Theoretical and not hands-on	Med-Ed: 50 Speciality-Ed: 28
		Conducted by colleagues and not experts	Med-Ed: 47 Speciality-Ed: 20
	Perceived risks and ease of transfer	Change at departmental level: controlled by hierarchical structure	Med-Ed: 47 Speciality-Ed: 26
		Change at individual level: restricted by completing course objectives	Med-Ed: 50 Speciality-Ed: 30
	Recognition and reward system	Lack of monetary reward for training transfer	Med-Ed: 46 Speciality-Ed: 25
		Verbal recognition by HOD	Med-Ed: 20 Speciality-Ed: 28

Subjective norm	Higher management	Lack of communication and support	Med-Ed: 40 Speciality-Ed: 21
		No follow up	Med-Ed: 49 Speciality-Ed: 30
	Institute management: Dean	Ineffective transfer policy	Med-Ed: 43 Speciality-Ed: 29
		No follow up	Med-Ed: 50 Speciality-Ed: 31
	Institute management: Head of Department	HOD approval prior to implementation	Med-Ed: 29 Speciality-Ed: 24
		Lack of HOD role in setting goals and action plans	Med-Ed: 48 Speciality-Ed: 34
	Peers	Sharing information on individual basis	Med-Ed: 43 Speciality-Ed: 32
		Providing feedback upon request	Med-Ed: 18 Speciality-Ed: 22
	Students	Resistance to change	Med-Ed: 50 Speciality-Ed: 23
Perceived behaviour control	Resource availability	Lengthy process	Med-Ed: 53 Speciality-Ed: 37
		Unavailable for faculty	Med-Ed: 45 Speciality-Ed: 21

		Unavailable for students	Med-Ed: 47 Speciality-Ed: 23
	Workload	Administrative load	Med-Ed: 47 Speciality-Ed: 32
		Perceived as extra load	Med-Ed: 40 Speciality-Ed: 26
		No workload adjustment	Med-Ed: 46 Speciality-Ed: 28
	Time	Takes time	Med-Ed: 41 Speciality-Ed: 25
		Risk of affecting performance	Med-Ed: 46 Speciality-Ed: 19

Table 15. Summary of findings

The previous sections discussed the findings of this study aiming to explore the different factors that influenced participants' intention and transfer behaviour from their own perspective using the theory of planned behaviour. Many factors were identified by this research to influence the training transfer of participants within their specific context which allowed the development of a decomposed version of the theory of planned behaviour (Figure 9). Training transfer is a complex process influenced by many factors categorised in here according to their effect on participants' attitudes, perception of subjective norm, and perception of control. This study contributed to understanding the transfer process by exploring the transfer behaviour and the different influences on participants' decision to transfer what they have learned in training. The next remaining sections will conclude this research and consider the implications for future research and practice.

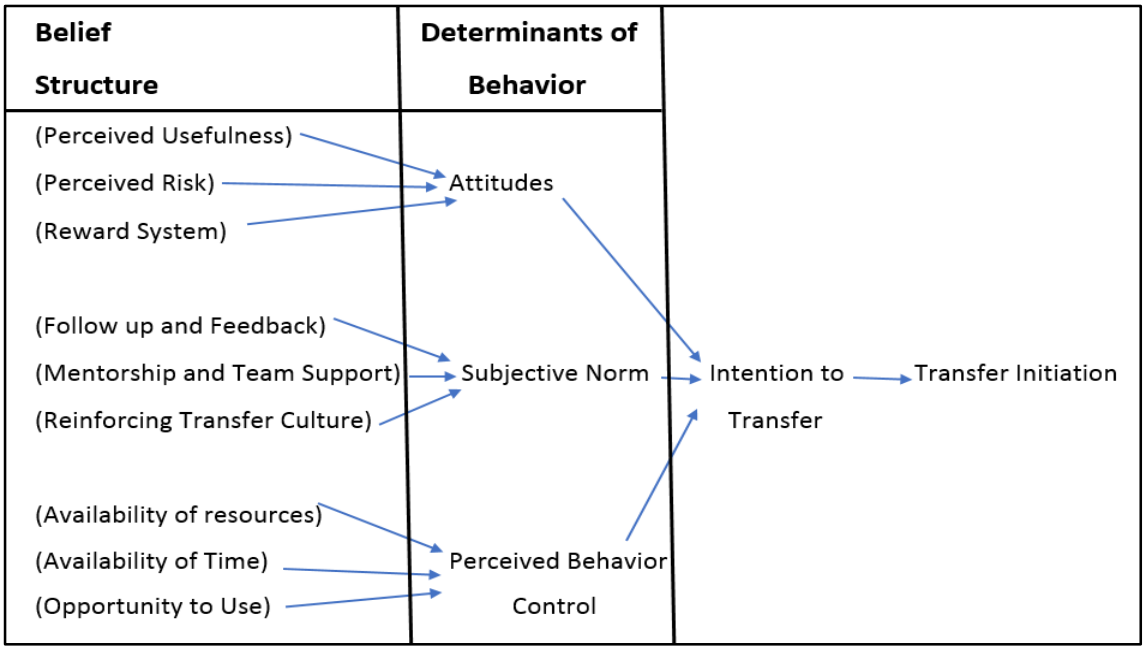

Figure 9. Revised research framework (decomposed theory of planned behaviour)

6.5 Contribution of this study

Developmental programmes like training at workplaces are essential for the development of employees and the organisation. Organisations show evidence of conducting different training programmes but they need more than that to justify the costs of these programmes (Broad and Newstrom, 1992). They need to show evidence of the effectiveness of these training programmes in achieving organisational goals.

Learning and transfer of the knowledge and skills learned in training to the workplace are essential elements that organisations need to reinforce for effective training (Holton et al., 2000). Although training transfer is widely researched, there are still some gaps in understanding the process of transfer (Blume et al., 2010). The current study makes a number of contributions to knowledge towards addressing such a gap in the understanding of training transfer. It offers a holistic insight on training transfer behaviour from the perspectives of faculty and their supervisors concerning the factors influencing their attitudes, perceived behaviour control and perceptions of their subjective norm. The investigation of these issues in an Omani context is an important contribution to global research on training transfer, particularly in higher education Institutions (Health Institutes).

The present research contributes to theory through the application of theory of planned behaviour (Ajzen, 1991) to examine training transfer as a decision process at the level of individual employees. The context of professional development, which provides the setting for the current study of training transfer, involves highly skilled employees engaged in academic work as faculty within higher education institutes. The novel empirical contribution of the present research is to place this individual decision process within the context of a particular institution and management structure. The proposed model draws from a number of theories regarding the antecedents of training transfer to propose pathways through which the work environment, including factors such as social support, rewards system, and training design will influence individual decision processes as they relate to transferring training to the workplace.

Given the scarcity of research on training transfer in the Omani context and neighbouring Gulf countries, this study contributes to the understanding of training

transfer in higher education in the Gulf region in particular and the Arab countries in general.

6.6 Implications for practice

The findings of this study show different barriers encountered by participants to transfer their knowledge and skills to the workplace. Almost all of these barriers could have been mitigated by the organisation to overcome them and enhance faculty's opportunities to transfer. These organisational interventions will be classified in here to three sections according to their influential effect through attitudes, subjective norm, or perception of behaviour control.

6.6.1 The importance of attitudes: empowerment, error management and reward system

Risks associated with training transfer need to be eliminated or reduced, to motivate more trainees to transfer what they learned. The findings show that participants perceived training transfer to be risky due to three main reasons: the conflict between organisational performance priorities and the individual transfer priority; limited time they had and the possibility of not managing to cover the objectives; and any complaints they might encounter due to the change they are making, if it was not to the likings of others like their students. These risks can be mitigated through empowering employees to make change and by positively managing error encountered with adopting change during training transfer.

Findings from this study suggest that the training provided need to meet participants' expectations. Organisations can ensure that by conducting or selecting training programmes that are relevant to employees' roles and job through strategies like needs assessments. In addition, setting very specific goals to how training will enhance trainees and organisational performance and disseminating these goals throughout the training process before, during, or after the training would also promote training transfer. This will increase participants' appreciation of the importance and usefulness of training and training transfer to their organisation.

Participants' successful transfer need to be recognised and rewarded. One of the barriers to transfer that most of participants mentioned in this study is their efforts to

transfer will not be recognised by the organisation as nobody knows what you do. It is essential that organisations align the training goals with the organisational goals and disseminate clear expected forms of transfer after training. This would increase participants' motivation to transfer through meeting clear organisational expectations.

6.6.2 The importance of subjective norms: performance management and the role of line managers:

The findings suggest that organisations have to make it very clear to employees that their transfer is actually important by providing support and follow up to their transfer efforts. In addition, organisational support can be demonstrated by managers providing feedback to participants about their transfer (Rouiller & Goldstein, 1993). Participants of this study illustrated that there is absence of follow up and feedback from management. It is often that lack of managerial support is listed as a main barrier to transfer training (Baldwin & Ford, 1988; Velada et al., 2007).

More openness in discussing training and training transfer with managers, peers and subordinates is necessary if participants' transfer efforts are to be better supported. This would reduce resistance towards change and transfer among employees within the organisation and build team support that can reduces the feel of risk when attempting to transfer what was learned in training. This was suggested by some participants in this study whom had mentors in their institutions and felt it was easier to transfer as the decisions of ways to transfer and the responsibilities that come with that were shared between them. Organisations may provide participants with the opportunity to voluntarily team up with a senior employee or even a team whom have the experience in transferring similar knowledge or skills. The opportunity to connect with others within the organisation or outside would enable participants to take ideas from others and adapt them to their context. Training programs can also provide that kind of opportunity for participants to stay connected with the other attendees of the program.

Organisational support does not end by providing training but this support needs to continue after training when participants return to their workplace. Support after training can be with interventions like supporting trainees to set goals and develop action plans for their transfer of what they learned in training to their workplace.

Giving participants work-related tasks that correlate to their training was suggested to enhance training transfer (Lim and Johnson, 2002). This kind of support would also reinforce the alignment of training content with organisational goals. The findings of this study found that this kind of post-training support is lacking.

6.6.3 The importance of perceived behaviour control: Training design and resources for career development

The gap between the end of training and implementation of what was learned need to reduce to increase the opportunities for training transfer. This can be achieved by ensuring the availability of resources at the time of transfer. Lim & Morris (2006) found that the chances to transfer learning decreases with time as trainees' learning also decreased with time. The same was also experienced by participants of this study as they indicated that a big gap is there between finishing training and getting resources to transfer which made transfer difficult. Organisations should also use strategies to diminish this gap like early planning of granting resources during the annual planning for developmental programmes.

Findings of this study showed that training design was found to influence participants' perception of control over their own training transfer as they have indicated that training programmes relevant to their roles, with more hands-on practice, and conducted by experts positively influenced their intention to transfer. Therefore, training programmes should be planned as organisational interventions used for the enhancement of transfer by ensuring that the trainers are experts in their field, more practical sessions with hands-on experiences, discuss how implementation of new ideas can be applied in the workplace, and possible challenges that trainees can face and ways to overcome them. Having the chance to interact with experts and other experienced participants from other contexts can prove beneficial for participants to get new ideas and experiences that makes them more confident in trying to implement in their own workplace. The occurrence of this kind of interaction between employees and others from other disciplines through networking and collaboration initiatives need to be part of the organisational practice.

The findings of this research also found that participants felt more confident and had more intention to transfer the skills they acquired from training programmes with more

hands-on practice compared to the ones that are more theory-based. Training programmes can provide this opportunity to use the skills within the safe environment of training to enable the participants to gain the confidence of transferring the same skills in their workplace. Organisations need to also consider giving this kind of support in the form of opportunity to use within their training initiatives as a continuous support and not only a one time chance that ends with the end of a training programme, especially for complex skills. Some participants of this study indicated their lack of transfer of a technology that was learned in a training programme due to their need of more practice.

Some form of workload adjustment, should be implemented if needed by participants to transfer what they have learned in training. The findings of this research found that workload and lack of time were main barriers that challenged participants training transfer. Lack of time and workload are common transfer challenges facing trainees when returning to their workplace (Chiaburu et al., 2010). In addition, participants had to play different roles due to the lack of support departments within their institutions like registrar and counselling services for their staff and students. Therefore, participants returned to their workplace and had to perform their roles and did not have the time to plan and incorporate their new knowledge and skills learned in training.

6.7 Study limitations and implications for future research

Qualitative research has given a rich and deeper understanding of training transfer from the perspective of participants but has also some constraints. For example, it limits the sample size that can be included in the study. The researcher in this study interviewed ninety three (93) participants and that proved to be time consuming and costly as more resources are needed if taking a bigger number of participants. Mixed method approach with quantitative surveys would allow a bigger sample and the exploration of more case studies. Another approach to researching training transfer would be the use of ethnographic study at individual level as the decision to transfer is taken by the individual according to how they perceive the environment around them which influences their attitudes towards transfer and their perception of support provided and their control over the behaviour.

All interviews were conducted in English and were transcribed (verbatim) by private transcribers but checked and analysed by the researcher. Having one person analysing and coding the full in depth data collected, due to the nature of the PhD study and resource constraints, may have influenced the coding of the data subjectively and introduced some bias (Creswell, 2009). Awareness about this limitation was key in overcoming this issue by using thematic analysis and coding all data into themes with the percentage of responses under each theme. Furthermore, pseudonyms were utilised throughout the analysis and quotes from each theme were provided for the readers. The data collected through interviews were based on participants' retrospective collection of their previous experiences with training and training transfer. For future research, longitudinal study investigating intention to transfer and transfer behaviour over time of a specific training programme would give a more realistic view of actual forms of transfer behaviour expected to occur.

This study explored training transfer of two cases within a regional educational institutions in Oman under the Ministry of Health. Therefore, the findings cannot be generalised to other contexts or cultures like institutions under other governmental bodies like Ministry of Higher Education or private educational institutions. Even caution of generalizing findings to other smaller institutes under the Ministry of Health would be advised as with differences like fewer students and staff might not have the same hindering factors such as the limited resources and higher workload. Future research can explore training transfer in different contexts and countries to confirm the cross-national validity of this study findings.

6.8 Conclusion

This research aimed to explore training transfer from the perspective of trainees using a social psychology theory, the theory of planned behaviour, to uncover the different factors that influenced trainees' intention and transfer behaviour. This approach offers insight on training transfer process at the level of individuals.

The findings of this study confirms the influence of organisational processes on training transfer. Organisations need to be more aware of the impact of their practices on training transfer and ensure the alignment of their goals with their employees

training and transfer needs to reduce any barriers. Empowerment of employees to reduce risk associated with their transfer and positively influence their attitudes. In addition, needs assessment should be conducted to ensure meeting the training expectation of employees. It was also found that participants' attitudes are influenced by the reward system utilised within the organisation to recognise employees transfer efforts.

Social support is essential to motivate employees to transfer and to overcome any hurdles they might face in pursuing the implementation of what they learned in training to their workplace. This support can be provided by the organisation in the form of follow up and feedback. Team building to support transfer and networking to share ideas and information with others need to be enforced. Transfer interventions after training in the form of helping employees to set goals and plan for their training transfer should be supported by organisations.

Resources are needed to enhance trainees' perception of control. Workload adjustment should be allowed when needed as lack of time and heavy workload are found to be main barriers for training transfer. Another factor that was found to influence trainees' perception of control over their training transfer was the training programme itself. As training with hands-on that allows contact with others who have experience was found to increase trainees confidence and motivate them to transfer their knowledge and skills.

Like any qualitative research limitations inherent in this approach were encountered in this study like small sample and not being able to generalise findings to other contexts. That said, qualitative research enabled the answering of research questions from the perspective of trainees and their supervisors and allowed a deeper understanding of training transfer and the factors that influenced participants transfer decision.

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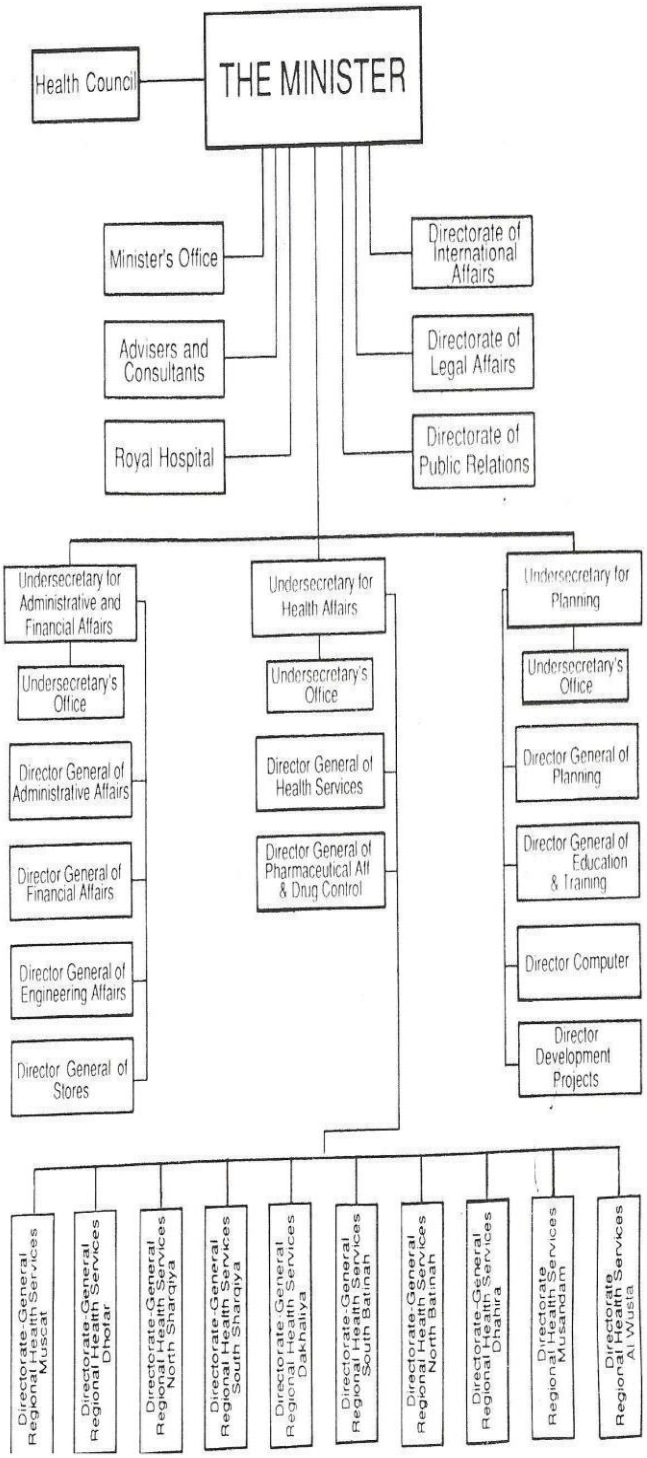
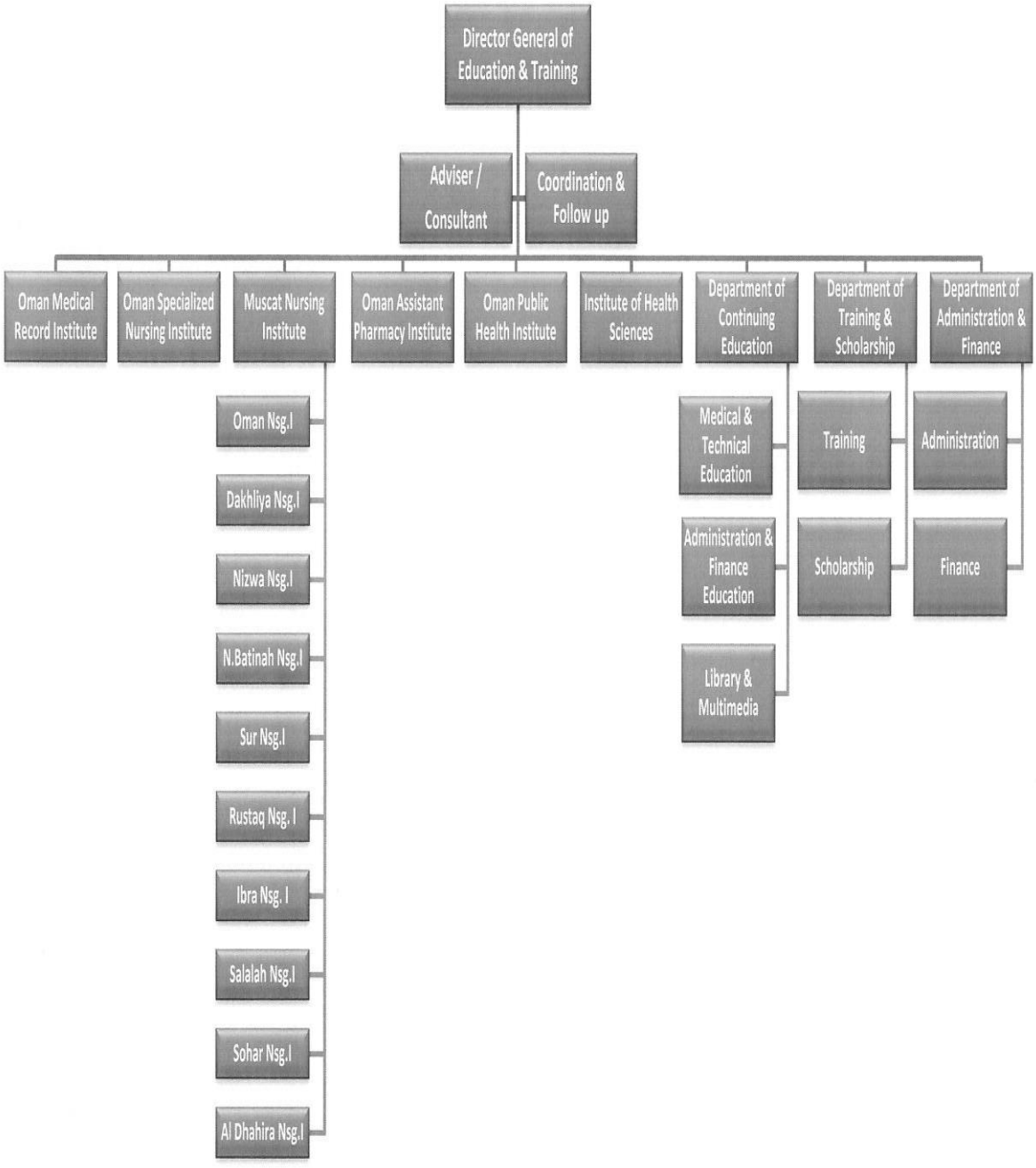


Appendix B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