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Inside the VA: How Workplace Training Evaluation Impacts Employee Performance

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Abstract

Employee performance and patient satisfaction are strong indicators of the current state of a healthcare organization. Workplace training programs are used to teach employees the knowledge and skills necessary to effectively perform on the job. Instructor-led, online, blended and independent learning events are produced to address learning needs and to improve staff performance. These training programs are necessary for preparing staff to meet the demands of daily work expectations. The learning approaches should encourage trainees to apply what they learn to their work assignments.

When programs are not evaluated consistently and methodically by the participating employees, their sustainability is uncertain. An evaluation of the training process within a federal government, healthcare organization (VA St. Louis Health Care System) was performed to evaluate gap(s) between on-the-job training and work results. Evaluation when performed appropriately can determine if the intended elements of training are present within the training program. Using the first three levels of the Kirkpatrick training evaluation model, a mixed methods research strategy was applied. There is a notion that evaluation seldom reaches the third level, transfer of training or behavior. The verification of this assumption required an analysis of the workplace training program and its users. The core curriculum, trainers, transfer of content and roles of supervisors during and after training, were assessed. Participants were federal employees who worked as physicians, nurses, training instructors, administrative and support personnel. These healthcare providers voluntarily completed paper surveys which were followed by semi-structured interviews. The study found that merely 52 percent of evaluations extended to the transfer of training level. While employees predominantly

regarded the training favorably; evidence recommended greater usage of personalized training modules based on organizational roles of the employees. The findings support the need to assess the training program and its users more thoroughly and frequently. Outcomes indicated employees receive disparate evaluation based on the nature of the training and the predilection of the instructor to evaluate.

Keywords: evaluation, healthcare, job performance, patient satisfaction, transfer of training, veterans, workplace training

Dedication

Accomplishing this milestone is dedicated to my ultimate inspirations, Tia and Breia.

My daughters are my most esteemed achievements and truly divine blessings.

Each day of this journey has been fortified by your presence in my life.

Jabreia, let my accomplishment be confirmation that

nothing is impossible for you to achieve.

Your dedication to all of the goals you pursue

both academically and socially is motivation for me.

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things will be challenging, but do not give up.

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Chapter I: Introduction

Background

In 2014, more than nine million veteran patients, were enrolled in the Department of Veterans' Affairs (VA), Health Care System throughout the United States. Less than 72 percent of those veterans eligible for care were actually treated in a VA hospital (Veteran Population, 2015). 2014 contrasts with 1975, which was a breakthrough year for VA facilities treating veteran patients. During that year more than 97 percent of total veterans enrolled in the VA Health Care System or 1,142,000 were treated by the department (U.S. Department of Veterans Affairs, 2016). This tendency suggests that veterans are receiving health care at private institutions that do not specialize in veteran care. Why are those who are qualified and in need of healthcare selecting non-veteran facilities to treat them?

There are recurrent factors contributing to veterans choosing alternatives for their healthcare. Widespread criticism of the VA, limited access to care and poor service are common explanations. "It's always poor service, I think I've gotten better service at the DMV" and "there really seems to be a system-wide culture that accepts this substandard efficiency in terms of delivery of care" (as cited in Smith, 2014). Veterans made these statements to media and Congressional officials concerning the health care they received from the Veterans Health Administration (VHA). The VA has been publicly under attack by numerous reports of inadequate care and lack of health care to patients. The level of criticism escalated in 2014 following the Phoenix VA findings. What was believed to be one patient at a specific hospital, unfortunately turned out to be many more. Auditors for the Government Accountability Office found many VA facilities denying care to eligible patients, forging appointment records and conducting poor employee training programs (Zoroya, 2015). Several VA hospitals were accused of failing to hold their managers and leaders accountable for the poor service provided. Veterans were purportedly waiting

years for appointments regrettably leading to some dying while waiting for basic health care services (Devine, 2015).

The Department of Veterans Affairs was developed during the Civil War as a means to provide care for those injured during the war. President Abraham Lincoln approved the creation of homes and asylums to treat six-hundred veterans in 1866. Today the Veterans Health Administration is the largest integrated health care system in America with a budget of fifty-eight billion dollars and more than 1700 medical centers, serving 8.76 million veterans annually (U.S. Department of Veterans Affairs, 2016). The VA is a cabinet-level division within the executive branch of the federal government. The mission is unique and care is provided to a very specific population, veterans. To honor America's veterans by providing exceptional health care that improves their health and well-being is the guiding principle for the department (VA St. Louis Health Care System, 2017). There are comprehensive services available to veterans and eligible family members nationwide, including: Geriatrics & Extended Care, LGBT (Lesbian, Gay, Bisexual and Transgender) Veteran Care, Long-Term Care, Mental Health, Military exposures, Military Sexual Trauma, Nutrition and Food Services, OEF/OIF (Operation Enduring Freedom/Operation Iraqi Freedom), Pharmacy, Primary Care, Psychiatric Services, Service Connected Disabilities, Spinal Cord Injury, Substance Abuse Programs, Surgical Programs, Telehealth, Vocational Rehabilitation and Employment (VR&E) Program and War Related Illness and Injury (U.S. Department of Veterans Affairs, 2016).

Facility Profile

Missouri has more than 494,000 veterans with 202,000 receiving their healthcare within the VA system. The VA St. Louis Health Care System (VASTLHCS) provides care to veterans in Missouri, Illinois and neighboring states. A level one facility, it handles the most complex veteran health care. There are two campuses and seven

community clinics. The facility employs 3000 employees with a $776 million annual budget (VA OIG, 2015). It is the flagship VA medical facility in Missouri, providing 80,212 patient appointments during January 2017 (VA Patient Access Data, 2017). The majority of those veterans were scheduled within thirty days of their desired date of care. Despite improved access to care rates, the St. Louis VA has been inundated with complaints and scandals similar to those described nationally. It was labeled a national disgrace with the lowest patient satisfaction scores of all VA facilities (Zigman, 2011). Patients being exposed to HIV and other contagious diseases caused a major shutdown of all surgical operations in 2011. Federal investigations were conducted to assess the causes and extent of the damage being done to the St. Louis patients. Lackluster service, poor quality of care and problem employees remains frequent concerns of the current veteran population (Killeen, 2015).

The challenge for the VHA in St. Louis is to provide timely, quality care to the patients served. Thousands of patients and their family members choose the St. Louis VA each month (VA St. Louis Health Care System, 2017). There were nearly 300,000 outpatient visits from October 2014 through February 2015 (U.S. Department of Veterans Affairs, 2016). The most recent VHA quality satisfaction scores demonstrate the widely varied performance of the care provided to veterans. Data released in September 2015, showed surgical operations and Mental Health screening rated four of five possible stars. The VHA defines four stars as a measure that is within one to ten percent of the recommended goal of quality care (U.S. Department of Veterans Affairs, 2016). Only two stars were given for colorectal cancer screening, and readmission rate. A two star designation signifies that the degree of care is twenty-one to thirty percent less than the department's objective. (U.S. Department of Veterans Affairs, 2016).

Statement of the Problem

The Department of Veterans Affairs has a comprehensive training curriculum that explicitly details required knowledge in the delivery of patient-centered care. The handbooks and policies even describe objectionable activities that could be detrimental to the health of patients. Despite the available instructional materials, what is taught to employees who provide healthcare is often not being delivered. McCracken and Winterton (2006) advise that employee training needs should be viewed with the same importance as daily work assignments. Exploring the adequacy of the training program and its effectiveness in helping the providers meet the needs of the veteran patients is pivotal.

The primary focus is to define and assess the gap between expectations of veterans and what is received through the performance of healthcare providers. This is actually a four part situation: the veteran's view, the provider's view, the actual training and the end result. This study aims to account for the variance between the training and what is done.

Patients seeking care to prevent and treat illnesses are common and those who visit their physician and leave with feelings of displeasure or with more questions than answers should not be the custom. Similarly, employees should know that they have done what is necessary in order to give patients the highest level of care. Close enough to have a first-hand view of employee actions yet not directly offering patient care, supervisors serve a unique role. They have been given specific parameters to meet or exceed often, with budgetary restraints (Fulmer, 1975). There may be no overtime offered as an incentive for staff. It becomes the manager's responsibility seek alternatives to motivate employees. Performing more with fewer resources is customary in the workplace. They are often accountable without genuine authority for their own work areas. When productivity or work products are unfavorable it is the manager who is disciplined, occasionally without the benefit of an explanation. Staff from other

departments or external factors could be contributing to the undesirable results. Oftentimes these supervisors may have to take direction from a manager who does not have direct interactions with patients or staff (Fulmer, 1975). Supervisors often receive criticism for employee actions, but scarcely hear compliments for successful outcomes.

Collectively employees work to meet the comprehensive needs of the veterans. The proficiency of the staff that provides care to patients is routinely questioned by patients and concerned family members. The manager is central to the process of effective employee training and delivery of quality healthcare. The impact of consistent and equitable support from their managers affects how employees perform.

Schoenwald and Kopp (1986) outline the role of the supervisor in three distinct clusters. The first designation is technical authority and includes necessary skills to perform as a trainer and evaluator. Training employees and providing quality control for completed work are frequent tasks. The next role is interpersonal that is shown by motivating, communicating and mediating within the work environment. Often viewed as the most relevant supervisory function, these activities are critical. Finally, the conceptual responsibilities are decision-making, planning and discipline activities. Each of these clusters impact the relationship between the supervisor and his or her staff.

The acceptance of a job as supervisor implies that responsibility for the actions of others now belongs to the person designated with the title. Weitzel, Mahoney and Crandall (1971) argue the supervisor is the most critical position within any organization. The daily tasks of ensuring staff are in place and completing the work that has been assigned is the minimum obligation (Johnson & Stewart, 2008). Supervisors have to attest to the proficiency of each employee in their area. Each assignment that the staff member performs has to meet specific levels of competency. This is an obligation that the supervisor must affirm for every worker. These leaders need the aptitude to repeatedly assess these conditions for all staff. Employees who are performing well or above the required standards should be given development opportunities to increase their

knowledge. Equally, those employees not meeting the established level of work output also benefit from training. The supervisor has to establish outcomes and incorporate strategies that are sustainable long-term.

Purpose of the Study

The purpose is to evaluate the training process within the organization to account for the breach between on-the-job training and work results. Olsen (1998) defines transfer of training as "work tasks being performed intentionally with the strategies taught within a training program". The findings will be concentrated on recommendations to restructure the training program and aid the instructors to maximize employee productivity. Improved training sessions, targeted participants with practical, more personalized activities are the desirable outputs. The performance of managers will be further developed by assessing their perception of the instructional effectiveness post-training. Ultimately this will impact employee output at all levels and create a better experience for veterans and their families.

In the workplace, a common method to measure training effectiveness is assessing the performance of the trainees on the job (Manasa & Reddy, 2009). Training instructors, supervisors and senior managers can benefit from this evaluation method. It is critical in determining areas that the trainees need additional training and development in order to make improvements. Moreover, training and subsequent evaluation benefits the employee or learner. Once trainees return to the workplace, learning content that was mastered or is still deficient becomes evident. The data collection tools created for this study address learning content, program design, trainer competence and supervisor support for healthcare providers. This tool can be a valuable resource to be used by other VA facilities nationally.

Research Questions

1. How does workplace training impact employees' post-training work behavior?

2. Following workplace training, how is training transfer evaluated?
3. How does supervisory support impact employees' post-training work behavior?
4. What perception does the staff (supervisory and non-supervisory) have of the workplace training programs?

Hypotheses

H1: There is a relationship between workplace training and the behavior of participants following training.

H2: There is a relationship between supervisory support and employees' transfer of training and post-training behavior.

Theoretical Framework

Donald Kirkpatrick (1977), coined the father of training evaluation, published the foundational theory in this field. The four-level training evaluation model is widely used. His definition of evaluation extends beyond determining the efficacy of training. Kirkpatrick recommends the programs found to ineffective be eliminated and those that work well be improved to have greater impact on trainees and businesses (Craig & Bittel, 1967). Organizations spent billions of dollars in 2013 to train staff with average-sized companies spending $1208 per employee (Miller, 2014). Training is apparently critical to the development of employees and changing outcomes. Unfortunately the costs for training evaluation are unavailable which suggest it is not a priority.

The four-level evaluation method includes reaction, learning, behavior (transfer) and results (Craig & Bittel, 1967). The first stage of evaluation measures the participants' reaction to the training. Kirkpatrick (1977) asserts the focus is on the satisfaction of the trainees. Learning is next and simply assesses what skills and knowledge was gained. The third stage, the behavior or transfer of training is an assessment of the components of training that are produced when training ends and

production begins. These actions are shown in quantifiable output completed outside of the preparation environment. The results of training is next. This final phase of evaluation focuses on efficiencies and tangible outcomes (Kirkpatrick, 1977).

The theoretical framework is based upon the first three stages of Kirkpatrick's Model. Each level builds upon the previous level and flows sequentially. The results or level four of evaluation was excluded. This final segment of Kirkpatrick's Model requires access to bottom line federal data (i.e. costs and employee retention) that is not readily available or shared widely. Levels one and two are prerequisites to establish the evaluation groundwork. Reactions or level one provides immediate participant feedback (Kirkpatrick, 1977). It is the least expensive to administer within Kirkpatrick's Model. Level two, learning, identifies abilities gained or improved. These first levels support the final two evaluation phases.

Behavior or transfer of training, Kirkpatrick's third level of training evaluation is the stage most often overlooked during training evaluations (Olsen, 1998). It is imperative to study evaluations through level three. This stage examines the transition from preparation in a controlled environment to actual work performance. The transfer of training platform identifies the results achieved on the job (Olsen, 1998). Assessment is conducted after training participants return to the workplace and put the skills taught into practice (Kirkpatrick, 1977). Kennedy, Chyung, Winiecki and Brinkerhoff (2013) support the assertion that senior leaders in the organization are the deciding factor in this level of evaluation and commonly withhold their support. This determines if the evaluation will proceed beyond level one and two.

Trainees' perceptions of post-training job performances and their post-training relationship with the supervisor are the variables. Kirkpatrick (1977) suggests that examining the training program and the trainees' behavior following the event can indicate effective transfer. Did the desired educational outcomes and conduct advance beyond the training setting? The behaviors and skills of the trainees are not the only

determining factor. During the behavior or transfer component of evaluation; measurable, sustained improvement of employee performance is an indicator of training transfer.

Significance of the Study

Why are some employees performing at levels much lower than what is defined in their job duties? This question has been asked by leaders in various industries faced with increasing customer complaints. While extensive research has been conducted on evaluation, limited research has been done through level three or transfer of training. Kennedy, Chyung, Winiecki and Brinkerhoff (2013) pursued a study to identify the barriers to level three and four evaluation. They found that the organizational culture influences the training program and its subsequent evaluation. In order to determine what works well within the VA St. Louis Health Care System's training program evaluation is required. Specifically, evaluation through the transfer of training level and post-training behavior of those who completed the program. Evaluation can identify gaps in the curriculum and preferred skill set of the participants. The components that are no longer preferred can be removed from the training program. Corporate missions and goals could be integrated to align the training with the strategic direction of the organization.

Grohmann and Kauffeld (2013) advocate that measuring only the reaction of the participants following training is inadequate. Levels two and three should also be included in the evaluation process. Being forced to select only one level of evaluation is routine for some training professionals (Grohmann & Kauffeld, 2013). Time and monetary constraints impede the probability of evaluation at levels two through four. Unfortunately, level three or transfer of training is not the trainer's priority. The time involved in the evaluation is sometimes a factor. The increasing revenue invested in internal learning supports how valuable it is to the stakeholders. Failure to evaluate how training supports or improves job performance opposes this observation.

Post-training behavior was found to be clearly influenced by training programs designed to include work-related tasks (Diamantidis & Chatzoglou, 2014). These employees transitioned from training with the knowledge and applicable skills to perform their job. Trainers conducted performance-based tasks with examples of how to correctly achieve the desired results. These simulations integrated the learning and workplace environments. Diamantidis and Chatzoglou (2014) affirm that the change in the behavior of learners is a result of increased confidence in their ability to achieve job responsibilities.

Training programs are used to prepare staff to meet and exceed day-to-day work requirements. Instructor-led, online, blended and independent learning is created to address learning needs and to progress the performance of workers. The program modules should encourage transfer of training for the participants (Diamantidis & Chatzoglou, 2014). Evaluation when performed appropriately can accentuate both effective and deficient content delivery. During the assessment stage, program design is studied to find opportunities for enhancement. Appropriate modifications can be made to enhance the training experience for future students. The present study is intended to accomplish this charge.

Limitations of the Study

1. It was conducted in a single installation, federal sector, health-care environment in the mid-west, with an employee population of 3,000.
2. It was limited to self-reported data from three hundred seventy participants.

Delimitations of the Study

1. It included only self-identified participants based on their current position within the organization. The selection criteria were trainers and training (supervisory and non-supervisory) participants.

2. It focused on the reaction, learning and the transfer of training stages within the evaluation model.
3. The data was acquired from September 2016 through October 2016.

Assumptions of the Study

1. All interview questions were answered willingly and truthfully by the study participants.
2. Other factors within the organization could contribute to a decreased rate of transfer of training.

Definition of Terms

Federal employee.	Federal employee is an individual employed by the United States federal government. Employees receive positions and promotions based on grades that are obtained through work history, employment duration and other factors (Morgan, 2015).
Health care.	The maintaining and restoration of health by the treatment and prevention of disease especially by trained and licensed professionals as in medicine, dentistry, clinical psychology, and public health (Merriam-Webster, 2015).
Learning level.	Level two of Kirkpatrick's Model is learning. This level evaluates how well the trainees learn the knowledge and/or shills conveyed during the training (Kennedy, Chyung, Winiecki & Brinkerhoff, 2013).
Manager.	Managers direct, coordinate, or oversee work of supervisors, leaders, or comparable personnel. They exercise significant responsibilities in dealing with officials of other units or in advising management officials of higher rank (U.S. Office of Personnel Management, 2016).

Organizational Culture.	Organizational culture is the system of shared meanings and manifestations of organizational behavior is critical to all forms of organizational activity, as it represents a core set of values governing the attitudes, interactions and behaviors employees adopt towards their work environment and, consequently, their decision regarding training transfer (Kopelman, Brief, & Guzzo, 1990).
Positive Transfer.	The degree to which trainees effectively apply the knowledge, skills and attitudes gained in the training context to the job. It should also be maintained over time and generalized across contexts (Saks & Burke-Smalley, 2014).
Reaction level.	Level one of Kirkpatrick's Model is reaction. This evaluation scale measures how positively or negatively the learners react to the instruction (Kennedy, Chyung, Winiecki & Brinkerhoff, 2013).
Results level.	Level four of Kirkpatrick's Model is results. This final phase evaluates the business results or return on investment (Kennedy, Chyung, Winiecki & Brinkerhoff, 2013).
Senior Executive Service.	The Senior Executive Service (SES) was established by Title IV of the Civil Service Reform Act (CSRA) of 1978 (P.L. 95-454, October 13, 1978) and became effective on July 13, 1979. SES positions include managerial, supervisory, and policy positions classified above GS-15. They include duties involving one or more of the executive or managerial criteria identified in law. The stated purpose was to ensure that the executive management of the

	Government of the United States is responsive to the needs, policies, and goals of the nation and otherwise is of the highest quality. The Government's senior executives are held accountable for individual and organizational performance (U.S. Office of Personnel Management, 2016).
Supervisor.	A position or employee that accomplishes work through the direction of other people. The duties include planning work to be accomplished by subordinates, setting short-term priorities, and preparing schedules for completion of work (U.S. Office of Personnel Management, 2016).
Training.	Training refers to instructional interventions and any effort to change behavior through educational activities (Kennedy, Chyung, Winiecki & Brinkerhoff, 2013).
Training Evaluation.	Training evaluation is a continual and systematic process of assessing the value or potential value of a training program, course, activity or event. Results of the evaluation are used to guide decision-making around various components of the training (e.g. instructional design, delivery, results) and its overall continuation, modification, or elimination (U.S. Office of Personnel Management, 2016).
Transfer climate.	Transfer climate includes aspects of the work environment as an opportunity to practice what has been learned, reinforcement for applying what has been learned on training courses, and a range of subtle cues in the work environment that enhance or inhibit transfer (Machin & Fogarty, 1998).

Transfer of training level.	Level three of Kirkpatrick's Model is transfer of training or behavior. Transfer of training refers to the application, generalization, and maintenance of learning, trained skills, and behaviors from the training environment to the work environment (Baldwin & Ford, 1988).
Veteran.	For the purposes of VA health benefits and services, a person who served in the active military service and who was discharged or released under conditions other than dishonorable is a veteran (U.S. Department of Veterans Affairs, 2016).

Chapter II: Literature Review

Training serves as a conduit to improve the skills and knowledge of the workforce. Church, Rotolo, Ginther and Levine (2015) report that employee development can transition a business into a high-performing organization. Stakeholders, customers and employees desire to be aligned to a functional team. Training is the conduit to achieve this result. Workplace learning happens within every organization and influences employees. Industry leaders can no longer overlook or deny the impact training has on staff performance and business outcomes. "The only thing worse than training employees and losing them is to not train them and keep them" (as cited in Ziglar, 2012).

Evaluation of Training

The emphasis on training is professed globally. Managers want the best individual for the job and invest in workforce development. For the past four decades innumerable studies have been conducted in support of training along with subsequent evaluation methods (Bunker & Cohen, 1977; Grossman & Salas, 2011; Saari, Johnson, McLaughlin, & Zimmerle, 1988; Smith & George, 1983; Tannenbaum & Woods, 1992).

A well-structured, systematic evaluation program can help leaders address deficiencies within the organization. Companies that find their educational program is thriving can find strategies to increase production and update content. Researchers contend that merely training is insufficient (Giangreco, Carugati, Sebastiano, & Bella, 2010). Verifying the effectiveness and practicability of the program is crucial. The evaluation process can be challenging, but the benefits are invaluable. Increased rates of employee retention, return on investment and competitive advantages are a few.

Galanou and Priporas (2009) reason that evaluation is required to align trainee performance to the organization's aims. The design of the training program should be reviewed during the evaluation process. Achievement gaps will be communicated to promote transparency and garner support of the participants. The strategic goals and company mission are woven into the training content to complement the courses. Teaching skills for a particular job or assignment can be even more meaningful if the trainee is taught why. What is their specific role in the organization? This promotes inclusion and provides employees with a macro level perspective of how they fit into the team. Class size should be included as a component of the evaluation process (Mathieu & Leonard, 1987). Organizing students based on the content and their current role in the company can facilitate engagement. Devaraj and Babu (2004) echo that training class size should be conducive for sharing and learning. They found that classes with more than seventy-five participants can be ineffective. The design of the program is an integral factor of effective workplace instruction.

Establishing training measures prior to the training is recommended (Latham & Saari, 1979). The executives, supervisors, trainers and participants are included in the development of content. The reactions to the training are used for future curriculum and instruction planning. Programs with evaluation criteria designed after their delivery are less operative. Employees anticipate mastering skills they currently are not competent using. Supervisors may falsely believe their staff will leave the training as an expert at a

task. Both may be mistaken without reviewing the program and its objectives. The instructor and trainees should comprehend what the training proposes to do and how it will be assessed.

Trainer competence is another frequently cited component of training evaluation (Shen-Miller, Schwartz-Mette, Sickle, Jacobs, Grus, Hunter, & Forrest, 2014; Sims & Sims, 1991). Instructors have to adapt to constantly changing demands within the training environment and a diverse workforce. They are given the responsibility to construct a nurturing training environment to facilitate learning. Students require competent and skilled instructors for teaching and navigating curriculum that promotes engagement and learning. Applicable pedagogical strategies such as lectures, group discussions, problem-solving exercises and simulations are employed.

Sufficient time to evaluate the program is another widely reported obstacle (Hutchins & Burke. 2007; Tailor, Dubrey, & Das, 2014). Training staff are busy planning future courses and may not have the time to look back at previous events. Again, the research directs those responsible for training to make the time to evaluate (Kirkpatrick, 1977). It is akin to not having your routine health physical, just because you feel okay. The time is instrumental and can be used to incorporate content that meets the training needs of future participants.

The research vigorously supports the use of ongoing training evaluation. Evaluation increases the transfer of training rate among participants (Saks & Burke, 2012). Their research supports the use of training evaluation at all four levels to change employee efforts. Almost forty years ago, Bunker and Cohen (1977) urge workplace executives to invest in training evaluation. Their investigation was an early illustration in support of persistent training evaluation. The next section of the current study examines level three of the evaluation process.

Transfer of Training

Completing training and learning new information is not the ultimate goal of all staff. People may forget what they learned or even choose not to utilize the material. There are several factors impeding the use of newly acquired skills. Low self-efficacy, little or no supervisory support and organizational culture are frequently reported (Diamantidis & Chatzoglou, 2014). Participants face internal and external challenges following the training process. Transfer of training is theorized as the rate training skills, attitudes and knowledge will manifest in real-time at the participants' workplace (Olsen, 1998).

Employees assigned workplace training will benefit from value-added experiences. Routinely staff are given tighter deadlines and there doesn't seem to be enough hours in the day to accomplish their tasks. Leaving the workstation can be a sacrifice even to attend desirable training. Meyer, Lees, Humphris and Connell (2007) stress the relevance of the training experience to the employee's job, increases the transfer of training. Training should emulate the work environment of the participants. Only ten percent of all training is estimated to be transferred to the trainee's job (Baldwin & Ford, 1988). Offering more opportunities to practice and simulate tasks increases the confidence of participants.

Likewise, a study conducted by Lim and Johnson (2002) established that the trainee's workplace has the greatest influence on the rate training is transferred. The opportunity to use the skills learned during training was rated highest by the participants. Research by Alliger, Tannenbaum, Bennett, Traver, and Shotland (1997) concluded that employees should evaluate the program post-training to measure its efficacy. Trainees offer feedback that is beneficial to the teacher and future participants. Many training instructors assess their curriculum immediately following training. This can be useful for evaluating at level one or the reaction stage. The research overwhelmingly recommends that evaluation should include the higher levels explicitly transfer of training and results

level (Alliger et. al, 1997; Ammons & Niedzielski-Eichner, 1985; Kirkpatrick, 1977; Diamantidis & Chatzoglou, 2014).

Continual, intentional training efforts were indicators of higher rates of transfer (Vidal-Salazar, Hurtado-Torres, & Matías-Reche, 2012). Senior executives and training managers have to invest in learning events. This extends beyond financial resources. It is not appropriate or expedient to offer instruction capriciously. Time, attentiveness and purposeful experiences for the learners are mandatory. Every employee will not master tasks at the desired rate and repeated exposure can increase the likelihood of transfer. Selecting instructional approaches that correspond to participants' learning styles can also facilitate transfer (Diamantidis & Chatzoglou, 2014). The findings surveyed in this section provide the context for using transfer of training to advance an organization's training program.

Barriers to Training Evaluation within Federal Government Organizations

The federal government is one of the nation's largest employers with 2,711,000 civilian workers in 2014 according to Zumbrun (2014). Employee orientation, supervisory/leadership, and refresher training programs are comparable to what is offered in private sector. Training efforts within the government are extensive and include legislation mandated by the United States Congress (U.S. Office of Personnel Management, 2016). A requirement that is unique to the public sector. The policies and directives created by the legislative branch of government require 100 percent compliance for all staff. This is achieved by developing training modules. Additionally, federal agencies are required to annually evaluate and report staff training (U.S. Office of Personnel Management, 2016). The training evaluation methods and results differ for every organization of government services

Very limited research exists on the federal government's training evaluation process. Training programs are typically administered by a small workforce. The study

conducted by Doos (1980) proposed that federal agencies increase training staff to meet the demands of the labor force. There is ample staff to support the training, but not always for program evaluation. Johnson and Tinker (1999) contend that federal organizations received sufficient training budgets, but failed to meet their staff's training needs.

Similar to their private sector counterparts, federal government employees respond to performance measures (Courty & Marschke, 2007). Sharing the expectations and strategic plan of the company can be advantageous to staff. Employees will know not only what is desired for them, but for others within the workplace. Evaluating performance only and not the training individuals receive impairs the organization's production (Chiaburu, Sawyer & Thoroughgood, 2010). Fernandez and Pitts (2011) found that training and development of federal employees encourages innovation in their post-training behavior. Adequate time for the training can impact how participants transfer it following the program completion (Clarke, 2002). Employees continually reported that additional training time was needed to enhance their skill level.

Organizational climate can support or adversely influence post-training behavior. Klein and Weaver (2000) assert that socialization during new employee training orientation positively impacts the level of organizational commitment participants' display. Acquainting people to new roles within an established culture is extensive. This includes more than the behavior of the trainee's direct supervisor. Organizational leaders should look favorably upon the training program for it to be considered operative. Senior Executive Service (SES) leaders are endowed with the authority to strategically reach managerial goals. These federal government leaders receive extensive training to cross the threshold into this exclusive group. Establishing vision by equipping others is the first executive core qualification for these employees (U.S. Office of Personnel Management, 2016). Studies consistently convey that managerial commitment to

training affects transfer (Calhoon & Jerdee, 1975; Culpin, Eichenberg, Hayward & Abraham, 2014; Doos, 1980; Lim & Johnson, 2002).

The federal government faces uncommon impediments during the training evaluation procedure. Conversely, they have resources that exceed those of other companies (U.S. Department of Veterans Affairs, 2016). The U.S. Office of Personnel Management (OPM) is the authority in Human Capital Management for the federal sector. Offering guidance and tools to government organizations in retention, training and developing staff is their primary function. In 2011, OPM published a 132 page evaluation handbook (U.S. Office of Personnel Management, 2016). This is a guide to support any federal agency in the administration of a comprehensive training evaluation. These resources can help to improve the employee performance gap some agencies encounter.

Supervisory Support Post-Training

Supervisors and managers are given an enormous responsibility to construct efficacious outcomes for employees. The supervisor is the immediate or first-line authority. Managers are those who direct lower-level supervisors. Schoenwald and Kopp (1986) emphasize the role of supervisors and managers in the training and technical proficiency of staff. In organizations where training is performed by someone other than the supervisor, the employee's development is not. The supervisors are accountable for the skill level demonstrated in the worker's performance. If they recognize deficiencies, it is up to the manager to recommend additional training or in some cases discipline. Intentional action on the supervisor and manager's parts are necessary to create effective processes within organizations.

Similarly, the study conducted by Fernandez and Pitts (2011) called attention to the relationship between the employee and supervisor. The findings showed that employees who had confidence in their immediate leader were motivated to perform at

higher levels. These subordinate personnel were less inhibited and more likely to invent new strategies to solve work problems. Employees did not fear failure or discipline and instead looked to their manager for guidance. The discoveries were that personnel who worked in supportive environments most likely had a closer rapport with their immediate supervisors. The value of this relation cannot be overstated. Remarkably, employees reported wanting to be in close proximity of their direct supervisor (Kupritz, 2006). Their location while working was perceived as one strategy to improve interpersonal communication.

Support from the employee's supervisor is a facilitator of training transfer (Bird, 1969; Lancaster & Milia, 2014; Velada, Caetano, Michel, Lyons, & Kavanagh, 2007). Post-training performance feedback is vital and encourages the use of training concepts. The supervisor should offer the recent trainee opportunities to develop the newly acquired skills. Reflected throughout this chapter has been data supportive of training that replicates on the job experiences. The supervisor is in a position to introduce supplementary activities to the trainee. Managers are situated to confirm these occurrences. Operating synchronously with the trainer, makes this attainable. Hawley and Barnard (2005) confirm supervisory support is a principal element in how an employee behaves following a training event. The supervisor has a definitive role in the employee's post-training efforts.

The research studies and information examined offer support for routinely conducting evaluations through level three. Expending funds to train and develop an employee without assessing the program's effectiveness is imprudent. The significance and practicableness of learning content is to be repeatedly observed. Federal

instructors face distinctive yet not insurmountable challenges in evaluating training. Supervisors and senior leaders within organizations play critical roles on transfer of training for employees. All of these dynamics support including levels one, two and three evaluations within workplace training programs.

Chapter III: Methodology

Research Design

To assess the workplace training program and its evaluation practices, several research designs were considered. An experimental, quantitative method was the initial choice. The investigational site would differentiate between the training events that included the higher level of evaluation and those that did not. The expectation is that an evaluation of the training process will demonstrate a correlation between workplace training, supervisors' relationships with trainees and post-training behavior of participants. This strategy would potentially utilize positive reinforcement to emphasize levels one, two and three of training evaluation. Survey results would then be quantified and analyzed for outcomes. While serving to establish a cause-effect relationship, this method was not ideal.

To study and assess the behavior of trainees a qualitative methodology appeared to be advantageous. Interviewing the supervisors, trainers and trainees within the healthcare environment supported the case study approach. Conversely, the lack of numerical data and reliance only upon direct observation seemed ambiguous. Explanatory sequential design was ultimately the selected research method. Quantitative data collection precedes qualitative in this mixed-methods design. This methodology is direct and was the most advantageous. It combined quantitative and qualitative methods

for a more comprehensive research process. Both sets of data would be collected individually by a single researcher since they were in distinct phases. Initially, the data collection is conducted using surveys. These instruments measure the participants' feedback to recent (within the last year) training events. The next phase of collection is interviewing to gain perspective from the subjects. Confirmation of the quantitative findings can be obtained using this mixed methods strategy.

Instrumentation

Three distinct collection instruments were created to investigate training evaluation, supervisory and organizational support of training and trainees. No existing research instruments were found to include the precise data needed to assess evaluation for federal employees within a healthcare environment. All three surveys include general questions pertaining to the trainees' perception of course content, instructor's skill, training environment, evidence of transfer evaluation, supervisory support and organizational culture. Participant questionnaires will assess their opinion of the training they received using a Likert scale with responses ranging from Strongly Agree to Strongly Disagree. Trainees were asked to indicate the extent certain training methods were used for workplace training. The instructor and training materials were evaluated for perception of their effectiveness. All categories of employees answered questions about their perception of their job competence pre and post training.

While the same set of questions were administered to all nonsupervisory staff, additional inquiries were made to supervisors and trainers. This data will help assess the correlation of their behavior and the trainees' work performance. Supervisors were asked to answer eight questions relating to the degree of training value and how they support

newly trained employees. For example they were asked to rate their agreement to the following statement: I encourage my staff to attend workplace training. Previous studies found that the employee-supervisor relationship is viewed as a strong indicator of how employees will react to training and apply what they learned to their jobs. Kennedy, Chyung, Winiecki and Brinkerhoff (2013) support the claim wherein senior leaders are the deciding factor in conducting evaluations through level three. The study found these executives commonly withhold their support. The trainers' input includes specific evaluation methods applied to their training design and delivery. Levels one, two and three of Kirkpatrick's Model are contained within the trainers' questionnaire (Kirkpatrick, 1977). Moreover, trainers are asked to account for their pre and post-training activities involving supervisors and trainees. One such statement is: Prior to training, I consult with the trainees' supervisors to create applicable, worthwhile training events. The trainer's role is fundamental when evaluating training environments, curriculum, instruction and follow-up efforts.

Reliability and Validity

A pilot study was conducted to verify the effectiveness of the research instruments. Both instrument reliability and data validity were established during this field test. Sixteen primary, secondary and post-secondary educators were asked verbally and by email to participate. This group of Doctoral students is affiliated with the College of Education at the University of Missouri St. Louis (UMSL). All sixteen members of the Doctor of Education's Curriculum and Instruction Learning Community were the intended subjects. Results were obtained from nine of the sixteen subjects. The data was initially collected during the week of April 18-April 22, 2016. Two weeks later from

May 2- May 6, 2016, the assessments were given again to the sample group. All subjects were provided standardized instructions to complete the survey. The test-retest established the reliability of the surveys. All responses were consistent and did not change for the nine respondents in the sample. To measure the surveys' internal consistency a Cronbach's alpha was calculated using SPSS. The surveys were categorized into three groups: nonsupervisory staff, supervisory staff and trainers. The nonsupervisory scale consisted of 28 items ($\alpha = .95$), the supervisory scale consisted of 8 items ($\alpha = .94$) and the trainers' scale consisted of 12 items ($\alpha = .93$). The scales were found to be highly reliable. Expert reviews were done by two Professors of Educational Psychology, Research and Evaluation at UMSL. Additionally two advisors in UMSL's College of Education were asked to review the data collection instruments along with the research questions. This was done prior to the pilot testing. These thirteen participants (nine students, two advisors and two professors) shared their feedback and perception on the face, content and criterion value of the tests. The wording of the questions and responses were discussed with the researcher to ensure the questionnaires actually measure what they propose to measure. Both internal and external validity were confirmed for the instruments using the methodology detailed above.

Population and Sample

VA St. Louis Health Care System's three thousand employees provide numerous veteran-centric services. The clinicians function as audiologists, dentists, dieticians, health technicians, nuclear medicine technologists, nurses, occupational therapists, pathologists, pharmacists, physical therapists, physicians, prosthetic specialists, psychologists, radiologists and social workers. Administrative or non-clinical personnel

are budget specialists, chaplains, clinic clerks, engineers, environmental workers, equal employment opportunity specialists, human capital specialists, occupational safety, patient advocates, police officers, rehabilitation employment specialists, schedulers, supply technicians and telephone operators. In order to assess training in a diverse facility such as VASTLHC, the first task is to identify the courses and instructors. Determining what courses to evaluate presented a challenge with such an enormous quantity of training courses. To effectively investigate all aspects of the training program, instructor-led or classroom training events were selected. Training (i.e. department specific, organizational, mandatory and voluntary learning) completed within the last 12 months (June 2015-May 2016) was used. Three groups of staff were invited to participate: 1) 317 New Employees (all disciplines) hired within the last 12 months, who attended Training A, 2) 32 Supervisors and Managers (all disciplines), who attended Training B within the last 12 months and 3) 21 Training Instructors, who have trained others within the last 12 months. These 370 employees were recruited based on their attendance in the following training courses:

(A) STL New Employee- Information Security/Privacy Awareness/Confidentiality Training

(B) STL New Supervisor Training

Calculations to establish a sample size was based on the fixed VASTLHCS employee population of 3000. Using 0.95 confidence interval the minimum sample size is 352. The 370 participant sample represents more than 100 percent of those employees identified as trainees and trainers.

Protection of Human Subjects

The VA Central Institutional Review Board (IRB) requires all research conducted with human subjects to be federally mandated for compliance (U.S. Department of Veterans Affairs, 2016). The National Research Act and Federal Regulations 45 CFR 46 require the IRB to review this venture. The approval processes for both the IRB for VA St. Louis Health Care System and the University of Missouri St. Louis, were extensive and varied. After six months, approval was granted from the health care facility and the university. Informational participation in research activity forms (Appendix A) were provided to all participants. Included are the study background, risks, benefits, and protocols to maintain employees' privacy. The possible minor risks or discomforts associated with this research include mild distress. These conditions could arise when answering questions related to their experience in receiving training and perceived support from management prior and subsequent to training. If at any time they wished to leave questions blank or withdraw from the study, they were encouraged to do so. Employees, who felt they may require psychological or counseling services as a result of participation in this study, were provided the contact information for those resources on the informational participation form. Additionally, those who did not wish to continue were advised they could leave at any time.

The Health Insurance Portability and Accountability Act (HIPAA) is a federal law that governs the use of protected identifying information (U.S. Department of Veterans Affairs, 2016). Employee data such as name, address, and social-security numbers are included in this protection. These were omitted from the data collection method. The surveys collected some classifying data such as age, gender and race/ethnicity of

participants. Personally identifiable information from each of the participants was kept separately from the questionnaire forms used to record responses to the questions. The following steps were taken to maintain confidentiality: 1) all participants were assigned identification numbers, 2) original survey data was only accessed by the Principal Investigator and 3) all participant data was stored on the VA server on password-protected computers in a locked room. Additionally, records were linked by assigning unique identifiers for each participant and this data was stored in a secure place, with access only by the Principal Investigator.

All data from the surveys is maintained and stored on the VA network server. All interview responses were scanned to become computerized files. The original documents were stored in a locked cabinet of a private VA office. Once they had been scanned, these documents will be kept for at least six years after the end of fiscal year 2016. The electronic file will be maintained and stored on the VA network server.

Data Collection

Employees in the groups above were contacted using flyers, posters and electronic meeting invitations. Federal regulations prohibit contacting the individual recruits by email, therefore posted signs and sending a mass email to all staff was used. The mass email did not list separate email addresses, but was sent to every employee within the facility. The announcements requested those who have attended the above courses within the last year to participate in the study held during the month of September 2016. Additionally, personal contact was made by visiting different work areas to post signs. The posters listed twelve meeting dates, times and locations. Times varied from 6:30am until 3:30pm to accommodate employees working on different shifts. Those who were

interested in participating were directed to a private conference room that seated 25 employees. Attendees signed the attendance form upon entering the room. This requirement served to decrease the likelihood of anyone participating in the survey more than once. The names on the attendance form were not linked in any way to the questionnaires, to preserve employee anonymity. The Principal Investigator gave an overview of the study and prior to anyone participating, informational forms were distributed. Those who agreed to be a part of the study were given paper copies of questionnaires to obtain quantitative data. The assessments were completed during that meeting and could not be removed from the conference room. Each survey included an identification number. The written survey took approximately seven to twelve minutes to complete. Questionnaires were used to collect data from the following: (a) instructors delivering content; (b) non-supervisory participants who completed training within the last year and (c) supervisory participants who completed training within the last year.

The surveys include a question that asks participants if they are willing to participate in a follow-up interview. Those, whose response is yes, were asked to elaborate on their survey responses during a private interview. A schedule that included the date and time for the interviews was made available at the initial meeting. Participants could sign-up for an interview using their assigned identification number. These numbers will increase confidentiality and assure each subject only participates once. Semi-structured interviews were conducted during October 2016 on VA property following the data collection to obtain additional information regarding the survey responses. A private office with a door was used to conduct the interviews. Those

interviews lasted fifteen to thirty minutes. Specifically, the participants were asked questions included in Appendix E.

Data Analysis

The sequential explanatory method was used to analyze the data collected. Initially, the quantitative data from the surveys was collected and analyzed. A Linear Regression was run to examine whether staff members' ratings of the impact of workplace training is a predictor of their ratings of their post-training work habits. Additionally, a Pearson's Correlation was computed to examine the relationship between ratings of workplace training and ratings of post-training work habits. A second and third Linear Regression were run to examine whether trainers' ratings of their evaluation methods is a predictor of employees' ratings of the impact of workplace training and of the quality of workplace training. In addition, Pearson's Correlations were calculated to examine the relationships between trainers' ratings of their evaluation methods and employees' ratings of the impact of workplace training as well as their ratings of the quality of workplace training. A fourth Linear Regression was run to examine whether staff members' ratings of supervisory support is a predictor of their post-training workplace habits. Then, a Pearson's Correlation was computed to examine the relationship between participants' ratings of supervisory support and participants' ratings of their post-training workplace habits. A final Linear Regression was run to examine whether staff members' ratings of the quality of workplace training was a predictor of their ratings of their post-training work habits. A Pearson's Correlation was run to examine the relationship between ratings of the quality of workplace training and ratings of their post-training work habits. To ensure the consistency in the directionality of participants' answers, correlational tests were

conducted to examine the relationship between all questions. Moreover, the means and standard deviations were analyzed for participants' demographic data. Age, gender, job tenure and educational level are the included factors.

Following the collection and analysis of the quantitative data, the interviews were examined. Open coding to find broad categories of data was the next step. Initially, the interview protocol forms were reviewed for comparable responses (Appendix E). The participants' statements were reread several times before summaries were prepared. Using three distinct colors, the text was studied and color-coded based on major themes. The information was analyzed for any recurrent concepts and discernible relationships. Those responses with similar characteristics were coded the same color. Training environment, trainers' competence and usefulness of the training event were the core groupings. Then the text was reread to look for additional categories. Patterns and participant observations were identified during this phase. This qualitative method provided supplementary details and interpretation of the quantitative data.

Conclusion

Evaluating a training program promotes an understanding of how training impacts the work employees perform. The four-levelled Kirkpatrick Model delivers comprehensive steps to successfully appraise training. Accentuating the reaction, learning and transfer levels of evaluation facilitates analysis of the learners' post-training behaviors. An extensive review of literature resulted in evaluation instruments that fell short of the needs for this population. The decision to create a data collection instrument became apparent within the developmental periods of research. While not the ideal method, it permitted the researcher to identify and design specific content for levels one

through three of Kirkpatrick's Model. The research design and data analysis methods were carefully selected to stimulate this process. Perception of the relationships between the supervisor and the employee could be thoroughly explored. Furthermore, the employees' perception of their work performance and the impact of workplace training were readily assessed using these strategies.

Evaluation when performed appropriately can determine if the intended elements of the training are present within the training program. This assumption required an analysis of the workplace training program and its users. Chiaburu, Sawyer and Thoroughgood (2010) found that only 20 percent of all training expenditures result in positive transfer of training. This meager indicator shows why analysis of this particular study is critical. Time and resources are needed to successfully evaluate training programs of this scale. Evaluations through level three while more time-consuming and laborious to administer; cannot be optional. Organizations that want to develop and support high-performing staff have to embrace this process.

Chapter IV: Results and Analysis

VA St. Louis Health Care System's training platform includes hundreds of learning options (VA St. Louis Health Care System, 2017). Instructor-led courses were carefully selected to observe the overall program i.e. trainer, course design and content. The Information Security, Privacy Awareness and Confidentiality course is identified as Training A. All employees are mandated to take this 40-minute course when they begin employment with the organization. The initial training is conducted during a two-day orientation for new hires. Regulations are communicated on privacy rights, medical records, freedom of information, protected information, coordination of healthcare with

third parties and release of information. The instructor is a subject matter professional who interprets pertinent legal provisions and their significance. Subsequently, all employees complete this class online annually.

Training B is the organization's New Supervisor Training workshop. This is a 3-day, required seminar for supervisory workers. Multiple trainers present materials on employee engagement, systems redesign, labor relations, alternative dispute resolution, staffing, patient safety, discipline and performance management. This one time workshop is the only training requirement for supervisors. Both Training A and B were offered at least three times between June 2015 and May 2016. Employees, who received training in this timeframe, were ideal candidates for training evaluation using the first three levels of Kirkpatrick's Model.

Approximately 370 employees were recruited to participate in this study during September 2016 at VA St. Louis Health Care System. Employees were contacted using flyers, posters and electronic mail invitations as discussed in Chapter III. Those who had attended the selected courses within the last twelve months were invited to participate in the study. There were seventy-one subjects who volunteered which resulted in a 19 percent response rate. Each of these recruits completed the written portion of the survey (Appendices B-D).

The group's demographics include age, education, gender, race, and tenure (N=71, SD=20.64) as shown in Table 1.

Table 1

Participant Demographics

Demographic Variable	N	SD
Age	71	1.27
Highest Level of Education Completed	71	1.75
Race	71	1.89
Employee Status	71	.84
Gender	71	.50
VA Organization Tenure	71	1.52
Total	71	20.64

Note: (N=71)

This population was predominantly employees who had worked at the VA for less than two years (Table 2).

Table 2

Participant Tenure within the organization by Gender

Gender		Frequency	Percentage
Male			
	Less than 1 year	22	62.9
	1-2 years	4	11.4
	3-5 years	6	17.1
	6-10 years	2	5.7
	11-20 years	1	2.9
	More than 20 years	0	0
	Total	35	100.0
Female			
	Less than 1 year	21	58.3
	1-2 years	3	8.3
	3-5 years	2	5.6
	6-10 years	2	5.6
	11-20 years	6	16.7
	More than 20 years	2	5.6
	Total	36	100.0

Note: (N=71)

The 71 participants integrated 35 male and 36 female employees as displayed in Table 3.

Table 3

Participant Employee Status by Gender

Gender		Frequency	Percentage
Male	Non-supervisory	19	46.3
	Supervisor	8	22.9
	Trainer	8	22.9
	Total	35	100.0
Female	Non-supervisory	22	53.6
	Supervisor	5	13.9
	Trainer	9	25.0
	Total	36	100.0

Note: (N=71)

The subjects were further categorized into three groups: nonsupervisory (Table 4), supervisory (Table 5) and trainers shown in (Table 6).

Table 4

Frequencies of the demographic information in the Nonsupervisory group

Demographic Variable	Frequency	Percentage
Age		
18-24 years old	2	4.9
25-34 years old	13	31.7
35-44 years old	8	19.5
45-54 years old	7	17.1
55-64 years old	11	26.8
65 and older	0	0
Gender		
Male	19	46.3
Female	22	53.6
Highest Level of Education Completed		
High School/GED	8	19.5
Some College, no degree	8	19.5
Trade or technical training	10	24.4
Associate (2 year) degree	5	12.2
Bachelor's (4 year) degree	4	9.8
Master's (Graduate) degree	5	12.2
Doctorate or Professional degree	1	2.4
Race		
Asian/Pacific Islander	0	0
Black/African American	27	65.9
Hispanic	1	2.4
Native American	1	2.4
White/Caucasian	12	29.3

Note: (N=41)

Table 5

Frequencies of the demographic information in the Supervisory group

Demographic Variable	Frequency	Percentage
Age		
18-24 years old	0	0
25-34 years old	4	30.8
35-44 years old	5	38.5
45-54 years old	3	23.1
55-64 years old	0	0
65 and older	1	7.7
Gender		
Male	8	61.5
Female	5	38.5
Highest Level of Education Completed		
High School/GED	0	0
Some College, no Degree	0	0
Trade or technical training	2	15.4
Associate (2 year) Degree	1	7.7
Bachelor's (4 year) Degree	3	23.1
Master's (Graduate) Degree	7	53.8
Doctorate or Professional Degree	0	0
Race		
Asian/Pacific Islander	0	0
Black/African American	8	61.5
Hispanic	0	0
Native American	0	0
White/Caucasian	5	38.5

Note: (N=13)

Table 6

Frequencies of the demographic information in the Trainer group

Demographic Variable	Frequency	Percentage
Age		
18-24 years old	0	0
25-34 years old	5	29.4
35-44 years old	5	29.4
45-54 years old	4	23.5
55-64 years old	1	5.9
65 and older	2	11.8
Gender		
Male	8	47.1
Female	9	52.9
Highest Level of Education Completed		
High School/GED	0	0
Some College, no Degree	1	5.9
Trade or technical training	0	0
Associate (2 year) Degree	6	35.3
Bachelor's (4 year) Degree	3	17.6
Master's (Graduate) Degree	7	41.2
Doctorate or Professional Degree	0	0
Race		
Asian/Pacific Islander	0	0
Black/African American	10	58.8
Hispanic	0	0
Native American	0	0
White/Caucasian	7	41.2

Note: (N=17)

The first three levels of Kirkpatrick's model; the reaction, learning and transfer phases were contained within the questionnaire as displayed in Table 7. The insertion of each evaluation stage provided an inclusive assessment of the training program. Survey questions 3-4, 6-18, 23 and 29-32 reflect level one or reaction evaluation. The survey includes questions 19-20, 24, 25 and 27 represent the learning phase. Data for level three or the transfer stage was collected using survey questions 5, 21, 22, 26, 28, 33-35. The results or level four of the Kirkpatrick model was not assessed within the study since the data was restricted by federal regulations.

Table 7

Evaluation level by survey question number

Survey Question	L1 Reaction	L2 Learning	L3 Behavior
3	X		
4	X		
5	X		X
6	X		
7	X		
8	X		
9	X		
10	X		
11	X		
12	X		
13	X		
14	X		
15	X		
16	X		
17	X		
18			
19		X	
20		X	
21			X
22	X		X
23			
24		X	
25		X	
26			X
27			
28	X	X	
29	X		X
30	X		X
31	X		X
32			X
33			
34			
35			

Note: (N=33)

Survey Results

Transfer of Training.

Did the training objectives and behavior reemerge in the trainees' workplace? This question was addressed in the transfer section. Employees reported their perception of transfer in the workplace (Table 8).

Table 8

Perception of Level Three –Transfer of Training Skills Frequency by Employee Group

Employee Group	Almost Always	Most of the Time	Sometimes	Rarely	Total Respondents
Nonsupervisory	41.5%	34.1%	22%	2.4%	41
Supervisory	53.8%	23.1%	15.4%	7.7%	13
Training Instructor	35.3%	41.2%	17.6%	5.9%	17

Note: (N=71)

The majority of staff reported using the new skills 'almost always' or 'most of the time'. Slightly more than 77 percent communicated increased confidence in performing their job following the training event. Fewer employees, 73 percent, feel they can perform their job better using what was learned in training (Table 9). The numbers decreased even more with 63 percent, reporting the training matched the work they perform in the workplace.

Table 9

Frequencies of Post-Training Evaluation grouped by Survey Question

Survey Question	Response	Frequency	Percentage
Q23. There was adequate time for the training event (e.g. not too long or too short)	Strongly Agree	15	21.1
	Agree	41	57.7
	Neutral	10	14.1
	Disagree	3	4.2
	Strongly Disagree	2	2.8
	Total	71	100.0
Survey Question	Response	Frequency	Percentage
Q20. The training helped me to understand my job/role in the organization	Strongly Agree	33	46.5
	Agree	27	38.0
	Neutral	6	8.5
	Disagree	3	4.2
	Strongly Disagree	2	2.8
	Total	71	100.0
Survey Question	Response	Frequency	Percentage
Q24. In my estimation, the learning objectives/goals were achieved.	Strongly Agree	22	31.0
	Agree	40	56.3
	Neutral	3	4.2
	Disagree	4	5.6
	Strongly Disagree	2	2.8
	Total	71	100.0

Table 9 Continued

Survey Question	Response	Frequency	Percentage
Q26. Following training, I am more confident in executing my job duties.	Strongly Agree	23	32.4
	Agree	32	45.1
	Neutral	10	14.1
	Disagree	5	7.0
	Strongly Disagree	1	1.4
	Total	71	100.0
Survey Question	Response	Frequency	Percentage
Q27. I can perform my job better using what I learned in the training.	Strongly Agree	19	26.8
	Agree	33	46.5
	Neutral	11	15.5
	Disagree	6	8.5
	Strongly Disagree	2	2.8
	Total	71	100.0
Survey Question	Response	Frequency	Percentage
Q28. The training matched the work I do in my workplace.	Strongly Agree	14	19.7
	Agree	31	43.7
	Neutral	21	29.6
	Disagree	5	7.0
	Strongly Disagree	0	0
	Total	71	100.0

Note: (N=71)

Supervisory Support Post-training.

Within this study, 74 percent of participants believed their supervisors encouraged them to attend training and 87 percent assessed value and importance to training within their work area (Table 10).

Table 10

Frequencies of Supervisory Support grouped by Survey Question

Survey Question	Response	Frequency	Percentage
Q29. My immediate supervisor encourages me to attend training.	Strongly Agree	28	39.4
	Agree	25	35.2
	Neutral	9	12.7
	Disagree	6	8.5
	Strongly Disagree	3	4.2
	Total	71	100.0
Survey Question	Response	Frequency	Percentage
Q31. Training is important and valued in my department.	Strongly Agree	27	38.0
	Agree	35	49.3
	Neutral	6	8.5
	Disagree	1	1.4
	Strongly Disagree	2	2.8
	Total	71	100.0
Survey Question	Response	Frequency	Percentage
Q33. My supervisor allows me to use the skills I learned during training.	Strongly Agree	27	38.0
	Agree	37	52.1
	Neutral	3	4.2
	Disagree	1	1.4
	Strongly Disagree	3	4.2
	Total	71	100.0

Note: (N=71)

Next, 73 percent viewed their senior managers as supportive of workplace training while 88 percent felt training was valued and important within the organization. Remarkably 90 percent felt empowered by their supervisors to use the skills learned in training when they return to the workplace. Not far behind are the 86 percent who believe it is allowable by senior management to use the skills learned in training within the broader organizational structure. These employees receive electronic mail announcements from executive leaders that promote various knowledge and skills training. Approximately 92 percent of supervisors responded positively to encouraging staff to attend training (Table 11).

Table 11

Frequencies of Self-Reported Supervisory Support grouped by Survey Question

Survey Question	Response	Frequency	Percentage
Q36. I encourage my staff to attend workplace training.	Strongly Agree	9	69.2
	Agree	3	23.1
	Neutral	0	0
	Disagree	0	0
	Strongly Disagree	1	7.7
	Total	13	100.0
Survey Question	Response	Frequency	Percentage
Q39. Employees are given opportunities to practice the new skills they learned during training	Strongly Agree	5	38.5
	Agree	7	53.8
	Neutral	1	7.7
	Disagree	0	0
	Strongly Disagree	0	0
	Total	13	100.0
Survey Question	Response	Frequency	Percentage
Q43. I evaluate my employees' work performance for signs of improvement, after training events.	Strongly Agree	5	38.5
	Agree	8	61.5
	Neutral	0	0
	Disagree	0	0
	Strongly Disagree	0	0
	Total	13	100.0

Note: (N=13)

Every supervisory participant, 100 percent, reported evaluating their employees' work performance following training events. Likewise employees rated their level of supervisory support favorably (Table 12). None of those surveyed provided the methods used or frequency this was performed.

Table 12

Perceptions of Supervisory Support following training by Employee Group

Employee Group	Very Favorable	Favorable	Unfavorable	Very Unfavorable	Total Respondents
Nonsupervisory	31.7%	56.1%	7.3%	4.9%	41
Supervisory	46.2%	53.8%	0	0	13
Training Instructor	47.1%	41.2%	5.8%	5.9%	17

Note: (N=71)

Evaluation of Training.

Feedback on the instructors revealed 92 percent of participants rated their trainer as knowledgeable in addition to 93 percent who believed trainers were comfortable teaching the course. The trainers' effectiveness and course usefulness were assessed by all participants (Tables 13 and 14).

Table 13

Perceptions of the Trainers' Effectiveness and Learning Strategies by Employee Group

Employee Group	Very Favorable	Favorable	Unfavorable	Very Unfavorable	Total Respondents
Nonsupervisory	26.8%	46.3%	17.1%	9.8%	41
Supervisory	46.2%	38.5%	15.3%	0	13
Training Instructor	29.4%	52.9%	11.8%	5.9%	17

Note: (N=71)

Table 14

Perceptions of the Training Course's Usefulness by Employee Group

Employee Group	Very Favorable	Favorable	Unfavorable	Very Unfavorable	Total Respondents
Nonsupervisory	19.5%	41.5%	26.8%	12.2%	41
Supervisory	30.8%	30.8%	38.4%	0	13
Training Instructor	11.8%	58.8%	29.4%	0	17

Note: (N=71)

The numbers decreased to 85 percent for trainers perceived as encouraging participation and interaction among the trainees. Post-training, a reported 89 percent of trainers solicited feedback from their students (Table 15). Seventy percent of the participants communicated understanding their job within the organization following training, while 30 percent believed the training did not help them define their role.

Table 15
Frequencies of Trainer Effectiveness and Learning Strategies grouped by Survey Question

Survey Question	Response	Frequency	Percentage
Q12. The Training Instructor was knowledgeable of the course material.	Strongly Agree	36	50.7
	Agree	29	40.8
	Neutral	3	4.2
	Disagree	2	2.8
	Strongly Disagree	1	1.4
	Total	71	100.0
Survey Question	Response	Frequency	Percentage
Q13. The Training Instructor encouraged active participation and interaction.	Strongly Agree	33	46.5
	Agree	27	38.0
	Neutral	6	8.5
	Disagree	3	4.2
	Strongly Disagree	2	2.8
	Total	71	100.0
Survey Question	Response	Frequency	Percentage
Q14. The Training Instructor was comfortable teaching the course	Strongly Agree	37	52.1
	Agree	29	40.8
	Neutral	2	2.8
	Disagree	3	4.2
	Strongly Disagree	0	0
	Total	71	100.0

Table 15 Continued

Survey Question	Response	Frequency	Percentage
Q8. The printed training material was well-organized.	Strongly Agree	25	35.2
	Agree	35	49.3
	Neutral	7	9.9
	Disagree	4	5.6
	Strongly Disagree	0	0
	Total	71	100.0
Survey Question	Response	Frequency	Percentage
Q15. The Training Instructor asked for my feedback and comments at the end of the training event.	Strongly Agree	26	36.6
	Agree	37	52.1
	Neutral	3	4.2
	Disagree	3	4.2
	Strongly Disagree	2	2.8
	Total	71	100.0
Survey Question	Response	Frequency	Percentage
Q25. The training exercises and activities helped me to learn the content	Strongly Agree	22	31.0
	Agree	33	46.5
	Neutral	11	15.5
	Disagree	5	7.0
	Strongly Disagree	0	0
	Total	71	100.0

Note: (N=71)

Trainer Effectiveness and Learning Strategies.

The assessment of the training content and delivery followed. Seventy-nine percent conveyed there was adequate time allocated for their training events. Even more participants, 87 percent, believed the learning objectives were achieved during the training. The training material was rated well-organized and easy to understand by 84 percent of trainees. The numbers decreased to 78 percent for those who conveyed they learned the training content using pedagogic methodologies delivered in their courses. The lowest regarded category was the training site. Only 39 percent rated the training environment positively.

Interview Results

The survey included a question that asks subjects to participate in a follow-up interview. Those, who responded yes, were asked to elaborate on their survey responses during a private interview. Sixteen respondents participated in the post-survey interview which accounts for a 23 percent response rate. The participants' feedback supported a need for improved training design.

Themes emerged in relation to training environment; trainer effectiveness and learning strategies; supervisory support post-training; training content usefulness and transfer of training.

Training Environment.

The training sites were found to be predominantly classroom style with little replication of the trainees' workplace. Fifteen out of sixteen trainees rated the environment as poor. As one respondent stated, "training should be in my own environment or as close to it as possible." Others remarked it was distracting and made

learning more challenging. It was interesting to note how some participants connected the quality of the training to the environment. A supervisor shared "better training facilities would be more conducive to learning." The participant illuminated this opinion with examples as a learner and trainer. While attending a course this respondent noted how the room seemed to take the focus off the instructor. This was a nursing training area filled with clinical diagrams and information. The course was not related to nursing. People were preoccupied with the area and gave minimal consideration to the coursework. In another instance when a supervisor was training others, a conference room served as the training site. Employees were gathered around a table and they appeared uncomfortable to the supervisor. At one point during the training, participants were asked if another room was desirable. Once consensus was achieved the supervisor decided to move the training from a meeting room to a classroom. The move's impact was not detrimental and served to advance learning. Following the course, participants told the supervisor how the classroom, while not like their workplace, was an improvement over the conference room. "We trained in a classroom, but I work in the clinic. Not sure how this works." This statement was provided by a new employee who was dismayed with the environment. These responses were representative of those interviewed.

Trainer Effectiveness and Learning Strategies.

Next, were the trainees' perceptions of the efficiency and pedagogical methods used by their training instructor. Those interviewed had contradictory observations on the effectiveness of learning strategies. One respondent was adamant they received no assistance from the trainer and the training format was poor. The employee was

dismayed with the lack of truthful feedback from the instructor. "My trainer put the supervisory content into perspective. As a new supervisor, I did not know the correct terminology, to use before training. I am now clearer on things that were not easily understood." These remarks were from an employee who has been a supervisor for less than one year. Another employee shared that role-playing and scenarios helped them learn what to do as a new supervisor. Conversely another trainee stated, "Many items were not pertinent to my specific job and it made the class boring. It was just procedures and more regulations." Other contributors shared how the interactive training activities helped put the content into perspective. One trainer attended a course offsite and explained how beneficial it was once they returned to VA St. Louis. "I was able to teach others the debriefing technique I learned at another VA facility. I came back to work and immediately began to design and implement the new program." In this category, twelve of the sixteen interviewees believed the trainer's efforts and strategies were favorable. One supervisor was appreciative of the techniques used by the instructor. "We did role-playing encompassing employee and supervisor interactions, it was helpful." The instructive exercises selected by the trainers were regarded as valuable by nearly all of the respondents.

Supervisory Support Post-training.

The level of support from trainees' supervisors was another theme. Only three respondents were disappointed with their managers' behavior following their training event. One employee believed training was important based solely on the supervisor's perspective. "My supervisor told me how great this training was and how it could help me." This response was characteristic of the participants surveyed in the workforce. The

employees who were pleased with their supervisors' support offered few tangible examples. An administrative worker was appreciative of their time being valued. This employee felt the supervisor and trainer regarded them enough to schedule training during a period when they would not be overwhelmed. It was imperative for the employee to meet their workload demands and attend mandatory training. Another employee said, "My supervisor should help with my work while I am in training; once I returned it was difficult to catch up." This participant's interview revealed they were displeased with the lack of support from their manager. A trainee in the Privacy course remarked "It would be nice if the senior leaders were present during our orientation. Their perspective on how I fit into the organization would help me understand my leaders and learn their vision." This was a fairly new employee referencing their experience in New Employee Orientation. Also, the irregularity of the training schedule was viewed negatively and attributed to the supervisor. Two supervisory employees communicated the need for New Supervisor preparation classes to occur more than once every few years. They had both been supervisors for more than one year before they had an opportunity to join the training. When probed about the delay they blamed their supervisor. These participants worked in different areas yet shared similar beliefs. Their supervisors did not schedule them for the class and both employees reported not knowing it was available.

Training Content Usefulness.

The training content was assessed favorably by fourteen of the trainees. Participants reported the class material helped define their organizational role. Several Privacy course trainees remarked about the significance of protecting veterans' personal

data. These employees wanted to guarantee they did what was necessary to keep the patients' information safe. New Supervisor course trainees were impressed by the subject matter experts. One employee remarked how all aspects of the training were helpful to them as a new manager and that none of it was useless. Instruction on labor relations and how to navigate a union environment were regarded very positively. A participant in the New Supervisor course stated "A lot of the material did not pertain to my job. Some aspects were helpful, but much of it had nothing to do with me." This type of feedback explains why some employees ranked particular training events higher than others. There was also dissatisfaction with the delay of a new program. "Why should I attend training on a new process if it is not going to be executed this year? I will forget what I learned and have to be retrained." Similarly, the employees' workplace and position could have influenced their opinion. "I already knew about Privacy guidelines, but this was specific to the VA and helped me understand my new position." This remark was representative of the participants interviewed.

Three of the four supervisory trainees found the content essential for them to function as leaders. "Privacy training was too much of a review with very little new information presented." This statement was made by a learner who was displeased with the material and how it was communicated. Another stated "I felt the training was geared towards nurses only and I am a physician. It would have benefited me to have a separate privacy course just for physicians." Positive responses included "training provided clarification on terminology and current regulations."

Transfer of Training.

Finally, trainees were asked to assess the existence of transfer of training. The replies to this subject were frequently affirmative by fourteen employees. One employee who attended Privacy training stated "I am better at my job knowing the nuances of privacy. It makes me more comfortable in reviewing, processing and protecting the veterans' records." This employee acknowledges using the privacy and information security principles daily in their work. The one criticism the trainee expressed regarding the training was "more examples of privacy issues would have been helpful". Conversely, a different employee response was "I use the privacy training material every day on my job." Yet another employee remarked "I don't use the regulations given during training, but I use the references and contacts to answer patient care questions all the time." A trainer who was interviewed remarked "I was able to teach and facilitate in the class I attended; which made it memorable and helped me to explain the content to others later when I trained." These illustrations are indicative of the diverse answers received. Fourteen of the sixteen employees interviewed, claimed they transferred what they learned back to their workplace. Employees reported using the newly taught skills at differing rates. Most of those interviewed admitted to using what they learned daily. A few described only periodical application. Two of the sixteen employees admitted to never applying what they learned during training. These employees described receiving training on content that has yet to be implemented.

Research Question 1: How does workplace training impact employees' post-training work behavior?

A Linear Regression was calculated to examine whether staff members' ratings of the impact of workplace training (M = 2.04, SD = 0.81) predicted their ratings of their post-training work behavior (M = 1.97, SD = 0.69). A significant regression equation was found *(F (1, 69) = 82.96, p < 0.05)* with an R^2 of 0.546 indicating that ratings of workplace training impact is a significant predictor of ratings of post-training work behavior. Additionally, a Pearson's Correlation found a significant relationship between employees' workplace training ratings and their ratings of post-training work behavior *(r = 0.74, p < 0.05).* Gender was also found to be a significant predictor of ratings of post-training work habits *(F (1, 69) = 9.56, p < 0.05)* and a significant relationship was found between gender and ratings of post-training behavior *(r = 0.35, p < 0.05).* Status (M = 1.67, SD = 0.84), race (M = 3.39, SD = 1.89), education level (M = 4.96, SD = 1.75), total time as a VA employee (M = 2.03, SD = 1.52), total time in current position (M = 1.68, SD = 1.26), and age (M = 3.30, SD = 1.27) were found not to be significant predictors of staffs' ratings of their post-training work habits *(all, p > 0.05).* To ensure the consistency in the directionality of participants' answers, a Pearson's Correlation test was conducted to examine the relationship between the items rating impact of workplace training: items 20 (M = 2.10, SD = 0.99) and 25 (M = 1.99, SD = 0.87). The results show that items 20 and 25 have a statistically significant relationship with one another indicating that participants who answered a question one way answered the other question the same way *(r = 0.50, p < 0 .05).* Furthermore, the relationship among items rating post-training work habits was examined items 4 (M = 1.59, SD = 0.87), 5 (M = 1.86, SD = 0.88), 26 (M = 2.00, SD = 0.94), 27 (M = 2.14, SD = 1.00), and 28 (M = 2.24,

SD = 0.85). All items were significantly correlated with one another *(all, $p < 0.05$)* except items 4 and 28 *($r = 0.17$, $p = 0.15$).*

Research Question 2: Following workplace training, how is training transfer evaluated?

The training instructors were assessed on their usage of Kirkpatrick's Model to evaluate training. Seventy-one percent responded positively to measuring the Reaction level; 47 percent described assessment at the Learning level; 53 percent reported using Transfer of training level evaluation and only 41 percent at the Results level. Seventy-seven percent of the trainers responded positively to requesting verbal feedback post-training while only 61 percent of the trainers responded positively to requesting written feedback (Table 16).

Table 16
Frequencies of Trainers' Self-Reported Evaluation using Kirkpatrick's Model grouped by Survey Question

Survey Question	Response	Frequency	Percentage
Q38. The training evaluation/feedback surveys measure the Reaction Level (e.g. training participants' level of satisfaction to the training event)	Almost Always	7	41.2
	Most of the Time	5	29.4
	Sometimes	3	17.6
	Rarely	2	11.8
	Almost Never	0	0
	Total	17	100.0

Table 16 Continued

Survey Question	Response	Frequency	Percentage
Q39. The training evaluation/feedback surveys measure the Learning Level (e.g. skills and knowledge gained by the training participants).	Almost Always	3	17.6
	Most of the Time	5	29.4
	Sometimes	8	47.1
	Rarely	1	5.9
	Almost Never	0	0
	Total	17	100.0
Survey Question	Response	Frequency	Percentage
Q40. The training evaluation/feedback surveys measure the Transfer of Training Level (e.g. behavior and results achieved on the job by the training participants)	Almost Always	3	17.6
	Most of the Time	6	35.3
	Sometimes	5	29.4
	Rarely	2	11.8
	Almost Never	1	5.9
	Total	17	100.0

Table 16 Continued

Survey Question	Response	Frequency	Percentage
Q41. The training evaluation/feedback surveys measure the Results Level (e.g. tangible outcomes, employee retention and higher morale)	Almost Always	1	5.9
	Most of the Time	6	35.3
	Sometimes	5	29.4
	Rarely	4	23.5
	Almost Never	1	5.9
	Total	17	100.0

Note: (N=17)

Only 47 percent of training instructors consult the supervisors of trainees to prepare relevant training events. A little more than half or 53 percent of training instructors report contacting the supervisors of trainees to assess post-training work performance (Table 17). Equally, 53 percent of the instructors, follow-up with trainees to evaluate post-training work performance. Frequency tables were used to demonstrate these findings. None of the participants shared reasons why they do not follow-up with trainees.

Table 17
Frequencies of Trainers' Self-Reported Collaboration grouped by Survey Question

Survey Question	Response	Frequency	Percentage
Q46. After training, I follow-up with the trainees' supervisors to assess their post-training work performance	Almost Always	4	23.5
	Most of the Time	5	29.4
	Sometimes	3	17.6
	Rarely	2	11.8
	Almost Never	3	17.6
	Total	17	100.0
Survey Question	Response	Frequency	Percentage
Q47. After training, I follow-up with the trainees to assess their post-training work performance	Almost Always	4	23.5
	Most of the Time	5	29.4
	Sometimes	2	11.8
	Rarely	4	23.5
	Almost Never	2	11.8
	Total	17	100.0

Note: (N=71)

A Linear Regression was calculated to examine whether trainers' evaluations of their methods post-training (M = 2.41, SD = 0.84) predicted staffs' ratings of the impact of workplace training (M = 1.94, SD = 0.63). No statistically significant regression

equation was found *(F (1, 15) = 0.21, p = 0.65)* with an R^2 of 0.119, indicating that trainers' evaluations of their methods post-training is not a significant predictor of staffs' ratings of the impact of workplace training. A Pearson's Correlation found no significant relationship between trainers' evaluations of their methods post-training and ratings of the impact of workplace training *(r = 0.12, p = 0.33).* A second Linear Regression was calculated to examine whether trainers' evaluations of their methods post-training (M = 2.41, SD = 0.84) predicted staffs' ratings of the quality of workplace training (M = 1.71, SD = 0.52). No statistically significant regression equation was found *(F (1, 15) = 1.42, p = 0.25)* with an R^2 of 0.294 indicating that trainers' evaluations of their methods post-training is not a significant predictor of ratings of post-training work habits. A Pearson's Correlation found no significant relationship between trainers' evaluations of their methods post-training and ratings of the quality of workplace training *(r = -0.29, p = 0.13).* To ensure the consistency in the directionality of participants' answers, a Pearson's correlation was computed to examine the directionality of items rating trainers' perceived effectiveness in the transfer of training: items 37 (M = 2.24, SD = 1.14), 40 (M = 2.24, SD = 1.14), 46 (M = 2.53, SD = 1.14), and 47 (M = 2.71, SD = 1.40). A significant relationship was found between questions 40 and 46 ($r = 0.52$, $p < 0.05$) and questions 46 and 47 ($r = 0.97$, $p < 0.05$). No other significant relationships between questions were found. Additionally, a Pearson's correlation was computed to examine the directionality of items rating staffs' perceived quality of workplace training: items 4 (M = 1.59, SD = 0.87), 8 (M = 1.86, SD = 0.82), 9 (M = 1.83, SD = 0.74), 12 (M = 1.63, SD = 0.81), 16 (M = 1.55, SD = 0.65), 24 (M = 1.93, SD = 0.92), and 25 (M = 1.99, SD = 0.87). All six items were found to be significantly correlated with one another (all,

$p < 0.05$), but item 4 was not significantly correlated with any of the other six items (all, $p > 0.05$).

Research Question 3: How does supervisory support impact employees' post-training work behavior?

A Linear Regression was run to examine whether employees' ratings of supervisory support (M = 1.91, SD = 0.82) predicted their ratings of their post-training work behavior (M = 1.97, SD = 0.69). A statistically significant regression equation was found *($F (1, 69) = 30.68, p < 0.05$)* with an R^2 of 0.555, indicating that employees' ratings of supervisory support is a significant predictor of their ratings of their own post-training work behavior. Additionally, a Pearson's Correlation found a significant relationship between employees' ratings of supervisory support and ratings of their own post-training work behavior *($r = 0.56, p < 0.05$).* To ensure the consistency in the directionality of participants' answers, a Pearson's correlation was computed to examine the directionality of items rating employees' perceived support of their supervisors: items 29 (M = 2.03, SD = 1.12), 30 (M = 2.03, SD = 0.99), 31 (M = 1.82, SD = 0.87), 32 (M = 1.79, SD = 0.87), 33 (M = 1.82, SD = 0.92), 34 (M = 1.90, SD = 0.90), and 35 (M = 2.01, SD = 0.98). All seven items were found to be statistically correlated, indicating that when participants answered a question pertaining to ratings of supervisory support one way they answered other questions pertaining to the same factor the same way *(all, $p < 0.05$).*

Research Question 4: What perception does the staff (trainers, supervisory and non-supervisory) have of the workplace training programs?

A Linear Regression was calculated to examine whether staff members' ratings of the quality of workplace training (M = 1.71, SD = 0.52) predicted their ratings of their post-training work behavior. A statistically significant regression equation was found *(F (1, 69) = 86.59, p < 0.05)* with an R^2 of 0.746 indicating that staffs' ratings of the quality of workplace training is a significant predictor of ratings of post-training work behavior. A Pearson's Correlation found a significant relationship between ratings of the quality of workplace training and post-training work behavior *(r = 0.75, p < 0.05).*

Chapter V: Discussion and Conclusions

The variation between patient expectations and employee performance was the origin for this analysis. The study investigated workplace training at the VA St. Louis Health Care System and the workforce's perception of training. More precisely the impact of workplace learning on employees and the work they accomplish, after the training concludes. The four research questions are addressed in the succeeding discussion section. 1) How does workplace training impact employees' post-training work behavior? 2) Following workplace training, how is training transfer evaluated? 3) How does supervisory support impact employees' post-training work behavior? 4) What perception does the staff (trainers, supervisory and non-supervisory) have of the workplace training programs?

Discussion

Kirkpatrick (1977) provided the framework to evaluate the training program and its users. He was a proponent of consistent and systematic evaluation in the 1950s and his approach is still widely referenced today (Kennedy, Chyung, Winiecki & Brinkerhoff, 2013). Using quantitative and qualitative research methods, written surveys were

followed by semi-structured interviews. The VA St. Louis study included observations of training content, environment, trainers and evaluation methods. Additionally, the perceived support employees received from their supervisors and organizational leaders was observed. Previous research has buttressed the prominence of factors such as senior management and supervisory support on employee performance within the workplace (Grossman & Salas, 2011; Hawley & Barnard, 2005; Lancaster & Milia, 2014).

Although a limited number of results were unforeseen such as employees acknowledging their behavior was changed following training, most reinforced previous training evaluation findings. The discrepancies between the quantitative and qualitative findings are shown in Table 18.

Table 18
Perceptions of the Training Program derived from Surveys and Interviews grouped by Category

Training Program Category	Percentage of Favorable Quantitative Responses	Percentage of Favorable Qualitative Responses
Training Environment	39.0	6.2
Trainer Effectiveness and Learning Strategies	92.0	75.0
Supervisory Support Post-training	74.6	81.2
Training Content Usefulness	64.4	87.5
Transfer of Training	77.5	87.5
Total	N=71	N=16

The data indicates employees responded more favorably during the interviews than on the surveys in numerous categories (i.e. supervisory support, training content usefulness and transfer of training). Employees who expressed negative experiences tended to still provide satisfactory ratings. It is unclear why despite their personal training account they responded in this manner. When prompted employees did not offer additional justifications. Conversely the environment and trainers' effectiveness were ranked lower during interviews. The participants spoke spontaneously on these topics and were noticeably dissatisfied. As detailed in Chapter IV, employees were more critical of the environment than any other component.

Transfer of Training.

Research Question 1: How does workplace training impact employees' post-training work behavior? There were notable findings indicating why a statistically significant relationship was found between the training program and employee performance. Many employees, 77 percent, purported having greater confidence after they completed training. Diamantidis and Chatzoglou (2014) professed similar findings in increased employee self-confidence. Essentially employees will transport newly learned knowledge to their jobs; when they are confident they possess the ability to improve job performance. This confidence is a direct result of the workplace training they received. Conversely, those who ascertain their work will not improve following the training may dismiss it altogether. Within the VA St. Louis Health Care System, one-third of the employees reported they did not gain confidence from the training. Once they completed training, their behavior was not impacted and job performance was not be enriched.

Research Question 2: Following workplace training, how is training transfer evaluated. The outcomes indicate employees are not consistently evaluated for transfer rates within the organization. A massive 90 percent of employees reported feeling supported by their supervisor to use new skills. This number falls considerably to 51 percent for employees who are actually evaluated during post-training. What transpires between the period in which employees are encouraged to attend training and the time in which they actually complete it? Supervisory support and opportunities to practice the new skills are appropriate conduits for transfer. Lim and Johnson (2002) conclude that the opportunity to exercise 'learned concepts' in the work environment increases the likelihood of transfer of training. The supervisor is fundamentally accountable for this variable and in my findings it was discovered most VASTLHCS employees were afforded these opportunities. Trainees reported applying what they learned to effectively perform their job. Many who were interviewed even shared how they use Privacy and New Supervisor material daily. The findings of Saks & Burke-Smalley (2014) confirmed that organizations with higher levels of training transfer outperform those without it. VA St. Louis is on the lower end with only 52 percent of evaluation occurring at level three or the transfer level. This statistic was provided by the quantitative data collected from training instructors. It verified the researcher's original assumption that training evaluation does not consistently extend to level three. Trainees were not asked to assess transfer using these same terms. Instead 77 percent reported more confidence on the job and 73 percent believe they can execute their job better, following training.

Almost half of the participants reported the training was not comparable to the work performed on their job. Collaboration among the supervisor, employee and trainer

increases the prospect of employees learning new skills or improving on current abilities based on data from the VA St. Louis study. Both conditions stimulate improved employee performance through intentional and focused training. Content is designed to meet particular employees' needs followed by personalized instruction. "We practiced tasks from start to finish and the trainer's use of simulation was remarkable." This VASTLHCS trainee shared admiration for the trainer's pedagogic selections. The employee also stated how after several months the recollection of those exercises helps on the job currently. Olsen (1998) determined without demonstrations by training instructors transfer declines. Employees increase their comfort with the new process by seeing it performed. Participants reported even greater confidence if they were allowed to practice the new skill in the learning environment.

Supervisory Support Post-training.

Research Question 3: How does supervisory support impact employees' post-training work habits? The supervisor was the most obvious barrier or conduit to transfer of training. Employees' responses strongly aligned with prior studies related to the supervisor's importance in training evaluation (Bird, 1969; Fernandez & Pitts, 2011; Schoenwald & Kopp, 1986). The majority of the nonsupervisory, supervisory and trainer participants, perceived training as favorable and valuable. The employees overwhelmingly regarded their leaders as supportive, training advocates. Unlike the findings for Lim and Johnson (2002) most of the VASTLHCS study participants viewed their supervisors positively. Even more employees viewed their senior managers as supportive of workplace training within the St. Louis VA organization. Within this study, participants believed their supervisors clearly encouraged them to attend training

and placed value on training within their department. Likewise, supervisory participants responded very strongly to encouraging staff and evaluating their employees' work performance succeeding training events. The inconsistency between employees who feel supported and supervisors who report they are supportive was substantial, 18%. These findings illustrate that 26% of nonsupervisory employees believe they receive managerial support at lower rates than supervisors described. To remedy this contradiction, identification of the support currently provided by supervisors is necessary. Then the anticipated needs of the nonsupervisory employees can be assessed. It is plausible for supervisors to believe they are supporting and encouraging employees at or above their staff's expectations. In some work areas employees may not feel psychologically safe and will not speak up. Others perceive their supervisor does not listen to their input. A VASTLHCS respondent expressed a related encounter with their supervisor. "I explained how the training was for clinical employees and it was hard for me to relate. My supervisor said they understood and that was the end. There were no optional classes recommended or future actions shared and I knew that was the end of it." This person's response typifies employees who have no voice in their professional development. Hawley and Barnard (2005) emphasize the supervisor's accountability at this stage. They advise in order to transfer new skills from training into the workplace, the supervisor has to be the channel. The VASTLHCS study findings support creating intentional opportunities for employees to develop their newly acquired skills. This requires supervisors to do more than merely encourage staff to attend training. The VA St. Louis research has shown that following training, the supervisor should develop activities to showcase learning achieved. In circumstances where the training was used to enhance

current skills, employees should not have to wait indefinitely before application. Once they return to their department, the trainees should be invited to discuss what they learned. The supervisor can promote transfer of training by requesting workers exhibit the newly acquired skill on the job.

No other obstacles were identified within the study. Federal regulations prohibit the investigation of other potential obstacles i.e. employee performance reviews displaying specific achievements post training. Additionally, the VA Institutional Review Board would not permit the researcher to associate trainers with trainees or supervisors with trainees. This limited the effectiveness of the findings and created generalized findings.

Evaluation of Training.

Training evaluation is a continual and systematic process of assessing the value or potential value of a training program (U.S. Office of Personnel Management, 2016). *Research Question 4: What perception does the staff (trainers, supervisory and non-supervisory) have of the workplace training programs?* Overall the results were promising. Training content was described as understandable and well-written. Trainees reported there was sufficient time allocated for the courses. The lowest regarded category of the survey was the training site. Most participants were dissatisfied with the learning environment and rated it poorly. Employees who work in clinic settings did not perceive classroom settings as conducive to learning. These healthcare providers are directly involved with patient care. Their exchanges occur in hospital wards, emergency departments or outpatient clinics. Areas designed to replicate medical centers with equipment and simulations are more appropriate.

Conversely, the achievement of learning objectives was rated highest among participants. Employees assumed they were taught what the instructor intended to teach. At 87 percent, VASTLHCS respondents appeared to recognize learning objectives in the Privacy and New Supervisor courses. Based on these results it could be that training content is incompatible with the trainees' workplace needs. An attendee of the Privacy training was frustrated with the content. The employee clarified they have no contact with patients and found the training impractical. Were the learners educated on skills and topics beneficial to them and the work they perform? Or did the trainer adequately train staff in unusable material? The learners' survey responses appear to support the latter. Excellent training is being delivered to an inappropriate audience. Increased evaluations using levels up to three could remedy these complications. Hutchins and Burke (2007) regarded assessment of training classes as an essential function of any organization. Their study found direct evidence of trainers evaluating only at the reaction level and mistakenly predicting level three outcomes.

Instructors' feedback from this study parallels Olsen's (1998) study in which a majority of training instructors responded positively to evaluating their training program. As expected most trainers reported they customarily evaluated the courses within the VA. Comparable to the supervisors; trainers self- reported higher levels of evaluation than did the trainees. How did the trainers' and trainees' perceptions of evaluation differ? Trainees did not perceive verbal requests for reactions as evaluation and wanted more interaction with the trainer after the course concluded. Limited contact between the trainer and trainee once the course ended produced unfavorable reactions.

Kirkpatrick's Evaluation Model was applied to the training program to explore the seventeen trainers' evaluation routines. Saks & Burke (2012) observed higher occurrences of trainers' evaluation at levels one (reaction) and two (learning) than the latter points. The researchers unequivocally recommended level three and four evaluation strategies to improve the probability of transfer from training to the job. Likewise this study revealed lower instances of evaluations at the two higher levels of transfer and results. The outcomes gathered from my research display the failure of the trainer to impact learning outside of the classroom. This study revealed that employees may be agreeable to learning new concepts or practices, but can lack the commitment. Training instructors' failure to engage with students post-training almost definitely assures they leave the instruction behind.

Hypotheses

In Chapter One, the hypotheses were identified and guided the exploration. *H1: There is a relationship between workplace training and the behavior of participants following training.* There was a statistically significant relation found between training and post-training behavior. The written survey and follow-up interview data from the employees reflect a connection and offer evidence. Responses from staff members indicated most believed their behavior was impacted by training. Participants who reported adapting their behavior following training explained it was due to the course content. A New Supervisory course attendee stated "I have a special labor relations folder I use every day. This folder contains human resources and legal references; whenever questions come up, I use it for answers." Several employees affirmed relying on course tools daily to perform their work. Particularly they emphasized using the

reference list containing names, email addresses and telephone extensions of subject matter experts. A list was provided by the Privacy course instructor and was so helpful to two of the interviewees they admitted that it made the rest of the course tolerable. The employees who reported no change in their behavior described the training in negative terms. One interviewee was dismayed by the instructor's use of procedures only and no 'real training'. This employee happened to be in the Privacy course detailed above. "There was very little information taught that could be used to help the veterans. What is the use of the Privacy class if it doesn't help me to support patients?" Another employee disappointed with the Privacy course shared they do not use the training concepts taught within their workplace. Other factors could be responsible for prompting employees to associate training with their modified behavior, but VASTLHCS employees credit workplace learning. Also, if there was no pretest or observation prior to training, it is difficult to assess employees' behavior after training. None of the courses included in the VA St. Louis study had data prior to the training events.

H2: There is a relationship between supervisory support and employees' transfer of training and post-training behavior. There was a statistically significant relation found between supervisory support and post-training behavior. There were several aspects of the study that directed the researcher's attention to this relationship. The presence of statistical records to support this principle was expected. Non-supervisory and supervisory employees spent considerable time emphasizing their relationship. It was apparent they mutually valued it. During one notable interview, a supervisor revealed by attending the supervisory course they realized the need to learn more. "I left the training with more opportunities to address problems. This class needs to be offered

more." The supervisory employee wanted exposure to recurring curricula in management and leadership. When prompted to explain why, the employee's response was to become a better leader to their staff. Other employees noted the absence of senior leaders in the supervisory course. It led one supervisor to believe the organization's executives did not care about those who worked to support the veterans. The supervisory and nonsupervisory employees were not grouped according to their work area. If trainees and their supervisors were paired the results may have reflected an even stronger relationship. These illustrations demonstrate employee aspirations to have meaningful interactions with their subordinates, supervisors and senior managers.

Limitations of the Study

There are some limitations to consider in this study. It was conducted in a federal sector, health-care environment with an employee population of 3,000. The recruitment of participants was challenging. With only posters, meetings and undefined email groups, it was difficult to verify the targeted audience was reached due to the restrictive recruiting guidelines. Additionally, the exclusion of online surveys was an impediment. The ease of completing a survey in their private office without having to travel elsewhere was not offered. Several employees reported they would like to participate, but were disinclined to attend any of the meetings. Based on the VA Institutional Review Board's guidelines, very limited information was provided before the meetings. Only course titles and training dates were released to solicit participants. Some employees were uncertain and elected not to participate. Other VA facilities of varying sizes and complexity may offer different outcomes. This research was limited to self-reported data from 71

participants. In addition, the sample size of the supervisors (13) and trainers (17) was much smaller than the other category of nonsupervisory (41) participants.

Within the federal government, regulations should be identified prior to undertaking research. Labor union officials were notified months in advance of the study. They represent employees and were asked to review the content of the surveys and interview questions. Their approval was granted following an extensive review with no detrimental findings. Additionally, labor relation laws restricted the surveys to very specific times of the year (U.S. Department of Veterans Affairs Office of Research & Development, 2016). All nonsupervisory staff were protected by bargaining unit federal regulations and could only legally contribute to the study within explicit guidelines. Having this information prior to conducting research, could save time and increase results.

The data collection tools were designed specifically for the employees within this organization. Although piloted with constructive results it is possible the questions do not reflect the researcher's intent. Consequently the participants' responses may not sufficiently replicate the organizational perspective on training evaluation.

The researcher's position as an employee within the organization may have impacted participants' responses. This was most obvious during the semi-structured interviews. Although anonymous, participants appeared hesitant to criticize particular elements within the training program. Training content usefulness was the strongest indicator. Table 20 shows only 64.4 percent of surveyed employees rated their training event favorably while 87.5 percent of interviewees did. This occurrence could be

modified by using an external investigator to administer the surveys and conduct interviews.

Suggestions for Future Research

Future research may be able to concentrate on training and evaluation practices within other VA healthcare systems. Evaluating training programs within other Veterans Affairs' facilities could enable investigators to authenticate the St. Louis findings. Location expansion of similarly situated hospitals in the Midwestern region is an alternative. There are six other VA health facilities in addition to St. Louis (VA Heartland Network, 2017). Another option is to conduct research within veteran-centric facilities similar to St. Louis. Nationally, there are 168 medical centers and 1053 sites of care with diverse employee and trainer populations (Veterans Health Administration, 2017).

Larger populations of employee participants may be found in private or nonfederal organizations. In these locations there are fewer regulations and potential obstacles to soliciting participants as labor unions and bargaining units may not be existent. In future research projects, emails and telephone calls can be used to promote employee participation. The availability of online survey platforms would also be more convenient to healthcare providers. The participants might be able to complete the survey during their preferred time and not be required to attend meetings. Additionally the online alternative demonstrates consideration of their time. Completion time for the written survey averaged nine minutes and the semi-structured interview was fifteen minutes. Using the online option, the pilot group finished the survey in five minutes, on average.

Finally, the supervisor and employee groups could be coordinated. This enables performance measurement following training for employees within specific work groups. The present study was limited to employees who responded to the recruitment invitation. A more focused approach would match nonsupervisory employees with their supervisor. Both would be requested to participate and the corresponding responses could be organized for analysis. This method may have to be applied outside of the federal government. Labor relations and human resource regulations might not permit such activity if it is regarded as potentially harmful to the staff (U.S. Department of Veterans Affairs Office of Research & Development, 2016).

Conclusion

The VA St. Louis study contributes to existing knowledge on training evaluation. It presents a novel perspective of workplace training within a federal, healthcare organization. The exploration was established upon Kirkpatrick's Evaluation Model. Though federal government employers are encouraged to apply the model, this organization universally did not (U.S. Office of Personnel Management, 2016). The training programs observed in this study were executed by various instructors, each operating autonomously. Some were familiar with all four levels of the model and others were not. Furthermore, there was no other model identified by the users for its trainers to utilize.

Employees generally found the training beneficial. The recommendation would be to magnify these results by designing customized modules for employees. In the study, physicians, nurses and clerical staff attended identical Privacy courses. These employees' responses provide evidence of the necessity to offer training based on job

functions. Those who work with patients directly on a routine basis should receive training geared to their experiences. This includes nurses, physicians and clerical staff working within clinical settings. Other employees, namely clerical staff in administrative areas, who have limited interaction with patients or medical records, should attend alternate classes.

Next, training should be evaluated immediately after it is concluded. If not using Kirkpatrick's Model, then through the use of some prescribed approach. Once employees return to their workplace, their performance should be assessed by them and their supervisors. Again, the trainer's involvement during this phase is advantageous. Did the training help and are employees using those newly acquired skills? These questions are needed to adequately evaluate the training program. Additionally, evaluation should be repeated in definite increments to help determine if supplemental training or other assistance is needed.

Using pre and post evaluation in conjunction with needs assessments could underscore required training elements. All employees can be provided evaluation tools prior to training events. At the conclusion of the experience, the same evaluation would be administered. Stakeholders i.e. employee, trainer and supervisor could review the completed evaluations following training. Substantial time would be necessary initially. These focused consultations may lead to restructuring existing instruction and/or developing new courses. This method is more interactive and employee-focused than the present evaluation.

Identifying performance required as opposed to performance desired is the basis for potential improvement. This study could be used to launch an initiative to overcome

performance deficits. Integrating the suggested approaches within the agency may advance individual and organizational productivity. Veterans receiving first-rate, timely healthcare from well-trained, skillful providers was the impetus of this study. Training is most assuredly not the only factor in attaining this objective. Interrogating veterans about their healthcare or inspecting disturbing health outcomes would violate privacy and federal laws. Instead a reputable methodology, Kirkpatrick's Model was carefully selected. The researcher was able to explore the training received by those who work closely with the veteran population, employees. Medical technicians, secretaries, housekeepers, nurses, records administrators, social workers, education specialists, clerks, supervisors and managers were some of the positions occupied by the 71 participants. Ultimately, these personnel will have the greatest impact on the care our veterans receive. This immense responsibility and privilege necessitates workers have adequate preparation and resources. VA St. Louis has a definite assignment, 'to honor America's veterans by providing exceptional health care that improves their health and well-being' (VA St. Louis Health Care System, 2017). Evaluation is an instrument that if applied, consistently and appropriately, could have a widespread impact. Throughout the facility, employees from every discipline can confidently proclaim Mission Accomplished.

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Appendices

Appendix A

Informational Memo for Participation in Research Form

Informational Memo for Participation in Research Activities
Workplace Training Programs & Employee Performance

Principal Investigator: Timica Emerson **PI's Phone Number:** (314) 289-6315

1. You are invited to participate in a research study conducted by doctoral student, Timica Emerson in the College of Education at the University of Missouri-St. Louis. The purpose of this study is to examine the relationship between workplace training programs and employee performance within the VA St. Louis Health Care System. The study will last for approximately sixty days.

2. Your participation will involve:

   a. Completing a survey based on a specified training course experience:

- Content
- Training Instructor
- Transfer Evaluation
- Organizational Support
- Trainer Assessment
- A demographic questionnaire (e.g., age and sex).

The amount of time involved in your participation will be 7-12 minutes.

If you decide to participate, you will be given a hard copy of the survey.

   b. Completing a semi-structured interview:

- If you agreed to participate in a follow-up interview, you might be invited by the Principal Investigator to schedule a time and place for the interview.
- You will be answering questions that will allow you to elaborate on certain answers you gave during the survey.

The amount of time involved will be 15-30 minutes.

Approximately 370 participants may be involved in this research at the VA St. Louis Health Care System.

3. There may be some minor risks or discomforts associated with this research: They include mild distress, which could arise in answering questions related to your experience in receiving training and perceived support from management prior and subsequent to training. If at anytime you wish to leave questions blank or withdraw from the study, you are welcome to do so. If you feel that you may require these

psychological or counseling services as a result of participation in this study, we have provided the contact information for these resources below.

Employee Assistance Program
915 North Grand Boulevard
Saint Louis, MO 63106
(314) 289-6391

In addition, when completing surveys, there is always a minimal risk of breach of confidentiality. The following steps will be taken to maintain confidentiality: (1) all participants will be assigned ID numbers, (2) original survey data will only be accessed by the Principal Investigator, and study staff (3) all participant data and measures will be stored on the VA network server, on password-protected computers in a locked room.

4. There are no direct benefits for you participating in this study. However, this research study may benefit VA Health Care Systems in the future by helping us to learn more about the relationships among workplace training programs and employee performance. More broadly, the findings from this study could contribute to the development of more effective training programs for the VA St. Louis Health Care System as well as other VA Health Care Systems in the United States.

5. Your participation is voluntary and you may choose not to participate in this research study or to withdraw your consent at any time. You will NOT be penalized in any way should you choose not to participate or to withdraw.

6. We will do everything we can to protect your privacy. As part of this effort, your identity will not be revealed in any publication that may result from this study. A researcher's study may undergo an audit or program evaluation by an oversight agency (such as the Office for Human Research Protection (OHRP), Research Compliance Office (RCO), Government Accounting Office (GAO), Office of Research Oversight (ORO), VA St. Louis Health Care System Institutional Review Board (IRB), VA Audit Committees and accrediting agencies. Accrediting agencies will have access to the records and/or records are subject to audit or inspection by a funding agency or sponsor.

7. If you have any questions or concerns regarding this study, or if any problems arise, you may call the Investigator, Timica Emerson, at (314) 289-6315. You may also ask questions or state concerns regarding your rights as a research participant to the VA St. Louis Office of Research (314) 289-6333.

Appendix B

Subject # _____ **Employee Evaluation Survey**

Select a response from the scale to show your agreement with each statement

Course Content

1. Select the training event you attended.
   - ☐ **STL New Employee Orientation-Information Security/Privacy Awareness/ Confidentiality Training**
   - ☐ **STL New Supervisor Orientation Training**
2. When was this training event?
   - ☐ **0-3 months ago**
   - ☐ **4-6 months ago**
   - ☐ **7-9 months ago**
   - ☐ **10-12 months ago**
   - ☐ **More than 1 year ago**
3. The technical level of the course content was
   - ☐ **Too Difficult**
   - ☐ **Difficult**
   - ☐ **Acceptable**
   - ☐ **Easy**
   - ☐ **Too Easy**
4. In my estimation, the skills I learned in training are
   - ☐ **Extremely Important**
   - ☐ **Important**
   - ☐ **Neutral**
   - ☐ **Somewhat Unimportant**
   - ☐ **Very Unimportant**
5. I use what I learned during training
   - ☐ **Almost Always**
   - ☐ **Most of the Time**
   - ☐ **Sometimes**
   - ☐ **Rarely**
   - ☐ **Almost Never**
6. What part of the training was the most useful for your work?

_____

7. What part of the training was the least useful for your work?

_____

	Select a response from the scale to show your agreement	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
8	The printed training material was well-organized	○	○	○	○	○
9	The printed training material was easy to understand	○	○	○	○	○
10	The training event incorporated the mission of VA St. Louis Health Care. Mission 'To honor America's veterans by providing exceptional health care that improves their health and well-being.'	○	○	○	○	○
11	The training event incorporated the Core Values of VA St. Louis Health Care ICARE-Integrity, Commitment, Advocacy, Respect, Excellence	○	○	○	○	○
12	The Training Instructor was knowledgeable of the course material	○	○	○	○	○
13	The Training Instructor encouraged active participation and interaction	○	○	○	○	○
14	The Training Instructor was comfortable teaching the course	○	○	○	○	○
15	The Training Instructor asked for my feedback and comments at the end of the training event	○	○	○	○	○
16	I was treated with respect during the training event	○	○	○	○	○
17	My contributions were valued and encouraged during the training event	○	○	○	○	○
18	Other trainees were treated with respect and their opinions valued	○	○	○	○	○
19	I understand what the training intended to accomplish (e.g. objectives)	○	○	○	○	○
20	The training helped me to understand my job/role in the organization	○	○	○	○	○
21	The learning objectives/goals were shared with me before the training event	○	○	○	○	○
22	The training environment was set up to replicate my workplace	○	○	○	○	○
23	There was adequate time for the training event (e.g. not too long or too short)	○	○	○	○	○
24	In my estimation, the learning objectives/goals were achieved	○	○	○	○	○
25	The training exercises and activities helped me to learn the content	○	○	○	○	○
26	Following training, I am more confident in executing my job duties	○	○	○	○	○
27	I can perform my job better using what I learned in the training	○	○	○	○	○
28	The training matched the work I do in my workplace	○	○	○	○	○
29	My immediate supervisor encourages me to attend training	○	○	○	○	○
30	Senior management supports employees attending training	○	○	○	○	○
31	Training is important and valued in my department	○	○	○	○	○
32	Training is important and valued in my organization	○	○	○	○	○
33	My supervisor allows me to use the skills I learned during training	○	○	○	○	○
34	Senior management allows employees to use the skills learned during training	○	○	○	○	○
35	Senior management is committed to providing excellent training events to employees	○	○	○	○	○

Demographic Information

36. What is your age?

- ☐ **18-24 years old**
- ☐ **25-34 years old**
- ☐ **35-44 years old**
- ☐ **45-54 years old**
- ☐ **55-64 years old**
- ☐ **65- or older**

37. What is your gender?

- ☐ **Male**
- ☐ **Female**

38. What is the highest degree or level of education you have completed?

- ☐ **Did Not Complete High School**
- ☐ **High school/GED**
- ☐ **Some college credit, no degree**
- ☐ **Trade/technical/vocational training**
- ☐ **Associate degree**
- ☐ **Bachelor's degree**
- ☐ **Master's degree**
- ☐ **Doctorate or Professional degree**

39. Please specify your race/ethnicity.

- ☐ **Asian / Pacific Islander**
- ☐ **Black or African American**
- ☐ **Hispanic or Latino**
- ☐ **Native American or American Indian**
- ☐ **Other-Please specify**
- ☐ **White/Caucasian**

40. How long have you been in your current position?

- ☐ **Less than 1 year**
- ☐ **1-2 years**
- ☐ **3-5 years**
- ☐ **6-10 years**
- ☐ **11-20 years**
- ☐ **More than 20 years**

41. How long have you been an employee of VA St. Louis Health Care?

- ☐ **Less than 1 year**
- ☐ **1-2 years**
- ☐ **3-5 years**
- ☐ **6-10 years**
- ☐ **11-20 years**
- ☐ **More than 20 years**

42. Would you be willing to be interviewed regarding your responses to this survey?

☐ **Yes** ☐ **No**

Appendix C

Subject # _____ **Supervisory Evaluation Survey**

Select a response from the scale to show your agreement with each statement

Course Content

1. Select the training event you attended.
   - ☐ **STL New Employee Orientation-Information Security/Privacy Awareness/Confidentiality Training**
   - ☐ **STL New Supervisor Orientation Training**
2. When was this training event?
   - ☐ **0-3 months ago**
   - ☐ **4-6 months ago**
   - ☐ **7-9 months ago**
   - ☐ **10-12 months ago**
   - ☐ **More than 1 year ago**
3. The technical level of the course content was
   - ☐ **Too Difficult**
   - ☐ **Difficult**
   - ☐ **Acceptable**
   - ☐ **Easy**
   - ☐ **Too Easy**
4. In my estimation, the skills I learned in training are
   - ☐ **Extremely Important**
   - ☐ **Important**
   - ☐ **Neutral**
   - ☐ **Somewhat Unimportant**
   - ☐ **Very Unimportant**
5. I use what I learned during training
   - ☐ **Almost Always**
   - ☐ **Most of the Time**
   - ☐ **Sometimes**
   - ☐ **Rarely**
   - ☐ **Almost Never**
6. What part of the training was the most useful for your work?

_____

7. What part of the training was the least useful for your work?

_____

	Select a response from the scale to show your agreement	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
8	The printed training material was well-organized	○	○	○	○	○
9	The printed training material was easy to understand	○	○	○	○	○
10	The training event incorporated the mission of VA St. Louis Health Care. Mission 'To honor America's veterans by providing exceptional health care that improves their health and well-being.'	○	○	○	○	○
11	The training event incorporated the Core Values of VA St. Louis Health Care ICARE-Integrity, Commitment, Advocacy, Respect, Excellence	○	○	○	○	○
12	The Training Instructor was knowledgeable of the course material	○	○	○	○	○
13	The Training Instructor encouraged active participation and interaction	○	○	○	○	○
14	The Training Instructor was comfortable teaching the course	○	○	○	○	○
15	The Training Instructor asked for my feedback and comments at the end of the training event	○	○	○	○	○
16	I was treated with respect during the training event	○	○	○	○	○
17	My contributions were valued and encouraged during the training event	○	○	○	○	○
18	Other trainees were treated with respect and their opinions valued	○	○	○	○	○
19	I understand what the training intended to accomplish (e.g. objectives)	○	○	○	○	○
20	The training helped me to understand my job/role in the organization	○	○	○	○	○
21	The learning objectives/goals were shared with me before the training event	○	○	○	○	○
22	The training environment was set up to replicate my workplace	○	○	○	○	○
23	There was adequate time for the training event (e.g. not too long or too short)	○	○	○	○	○
24	In my estimation, the learning objectives/goals were achieved	○	○	○	○	○
25	The training exercises and activities helped me to learn the content	○	○	○	○	○
26	Following training, I am more confident in executing my job duties	○	○	○	○	○
27	I can perform my job better using what I learned in the training	○	○	○	○	○
28	The training matched the work I do in my workplace	○	○	○	○	○
29	My immediate supervisor encourages me to attend training	○	○	○	○	○
30	Senior management supports employees attending training	○	○	○	○	○
31	Training is important and valued in my department	○	○	○	○	○
32	Training is important and valued in my organization	○	○	○	○	○
33	My supervisor allows me to use the skills I learned during training	○	○	○	○	○
34	Senior management allows employees to use the skills learned during training	○	○	○	○	○
35	Senior management is committed to providing excellent training events to employees	○	○	○	○	○

	Select a response from the scale to show your agreement	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
36	I encourage my staff to attend workplace training	○	○	○	○	○
37	Training is important to me for all my staff	○	○	○	○	○
38	I make accommodations for staff while they attend training (e.g. assign duties to others so employees are not behind when they return)	○	○	○	○	○
39	Employees are given opportunities to practice the new skills they learned during training	○	○	○	○	○
40	I expect employees to independently use the new skills they learned during training	○	○	○	○	○
41	I arrange training events for employees that are deficient in their work performance	○	○	○	○	○
42	I arrange training events for employees who want to expand or increase their knowledge	○	○	○	○	○
43	I evaluate my employees' work performance for signs of improvement, after training events	○	○	○	○	○

Demographic Information

44. What is your age?

- ☐ **18-24 years old**
- ☐ **25-34 years old**
- ☐ **35-44 years old**
- ☐ **45-54 years old**
- ☐ **55-64 years old**
- ☐ **65- or older**

45. What is your gender?

☐ **Male** ☐ **Female**

46. What is the highest degree or level of education you have completed?

- ☐ **Did Not Complete High School**
- ☐ **High school/GED**
- ☐ **Some college credit, no degree**
- ☐ **Trade/technical/vocational training**
- ☐ **Associate degree**
- ☐ **Bachelor's degree**
- ☐ **Master's degree**
- ☐ **Doctorate or Professional degree**

47. Please specify your race/ethnicity.

- ☐ **Asian / Pacific Islander**
- ☐ **Black or African American**
- ☐ **Hispanic or Latino**
- ☐ **Native American or American Indian**
- ☐ **Other-Please specify**
- ☐ **White/Caucasian**

48. How many employees do you supervise? _____

49. How long have you been in your current position?

- ☐ **Less than 1 year**
- ☐ **1-2 years**
- ☐ **3-5 years**
- ☐ **6-10 years**
- ☐ **11-20 years**
- ☐ **More than 20 years**

50. How long have you been an employee of VA St. Louis Health Care?

- ☐ **Less than 1 year**
- ☐ **1-2 years**
- ☐ **3-5 years**
- ☐ **6-10 years**
- ☐ **11-20 years**
- ☐ **More than 20 years**

51. Would you be willing to be interviewed regarding your responses to this survey?

☐ **Yes** ☐ **No**

Appendix D

Subject # _____ **Trainer Evaluation Survey**

Select a response from the scale to show your agreement with each statement

Course Content

1. What was the last training course you attended as a trainee?
   _____

2. When was this training event?
   - ☐ **0-3 months ago**
   - ☐ **4-6 months ago**
   - ☐ **7-9 months ago**
   - ☐ **10-12 months ago**
   - ☐ **More than 1 year ago**

3. The technical level of the course content was
   - ☐ **Too Difficult**
   - ☐ **Difficult**
   - ☐ **Acceptable**
   - ☐ **Easy**
   - ☐ **Too Easy**

4. In my estimation, the skills I learned in training are
   - ☐ **Extremely Important**
   - ☐ **Important**
   - ☐ **Neutral**
   - ☐ **Somewhat Unimportant**
   - ☐ **Very Unimportant**

5. I use what I learned during training
   - ☐ **Almost Always**
   - ☐ **Most of the Time**
   - ☐ **Sometimes**
   - ☐ **Rarely**
   - ☐ **Almost Never**

6. What part of the training was the most useful for your work?

_____

7. What part of the training was the least useful for your work?

_____

	Select a response from the scale to show your agreement	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
8	The printed training material was well-organized	◯	◯	◯	◯	◯
9	The printed training material was easy to understand	◯	◯	◯	◯	◯
10	The training event incorporated the mission of VA St. Louis Health Care. Mission 'To honor America's veterans by providing exceptional health care that improves their health and well-being.'	◯	◯	◯	◯	◯
11	The training event incorporated the Core Values of VA St. Louis Health Care ICARE-Integrity, Commitment, Advocacy, Respect, Excellence	◯	◯	◯	◯	◯
12	The Training Instructor was knowledgeable of the course material	◯	◯	◯	◯	◯
13	The Training Instructor encouraged active participation and interaction	◯	◯	◯	◯	◯
14	The Training Instructor was comfortable teaching the course	◯	◯	◯	◯	◯
15	The Training Instructor asked for my feedback and comments at the end of the training event	◯	◯	◯	◯	◯
16	I was treated with respect during the training event	◯	◯	◯	◯	◯
17	My contributions were valued and encouraged during the training event	◯	◯	◯	◯	◯
18	Other trainees were treated with respect and their opinions valued	◯	◯	◯	◯	◯
19	I understand what the training intended to accomplish (e.g. objectives)	◯	◯	◯	◯	◯
20	The training helped me to understand my job/role in the organization	◯	◯	◯	◯	◯
21	The learning objectives/goals were shared with me before the training event	◯	◯	◯	◯	◯
22	The training environment was set up to replicate my workplace	◯	◯	◯	◯	◯
23	There was adequate time for the training event (e.g. not too long or too short)	◯	◯	◯	◯	◯
24	In my estimation, the learning objectives/goals were achieved	◯	◯	◯	◯	◯
25	The training exercises and activities helped me to learn the content	◯	◯	◯	◯	◯
26	Following training, I am more confident in executing my job duties	◯	◯	◯	◯	◯
27	I can perform my job better using what I learned in the training	◯	◯	◯	◯	◯
28	The training matched the work I do in my workplace	◯	◯	◯	◯	◯
29	My immediate supervisor encourages me to attend training	◯	◯	◯	◯	◯
30	Senior management supports employees attending training	◯	◯	◯	◯	◯
31	Training is important and valued in my department	◯	◯	◯	◯	◯
32	Training is important and valued in my organization	◯	◯	◯	◯	◯
33	My supervisor allows me to use the skills I learned during training	◯	◯	◯	◯	◯
34	Senior management allows employees to use the skills learned during training	◯	◯	◯	◯	◯
35	Senior management is committed to providing excellent training events to employees	◯	◯	◯	◯	◯

	Select a response from the scale to show your agreement	Almost Always	Most of the Time	Sometimes	Rarely	Almost Never
36	I request verbal feedback from trainees following training courses	○	○	○	○	○
37	I request written feedback from trainees following training courses	○	○	○	○	○
38	The training evaluation/feedback surveys measure the Reaction Level (e.g. training participants' level of satisfaction to the training event)	○	○	○	○	○
39	The training evaluation/feedback surveys measure the Learning Level (e.g. skills and knowledge gained by the training participants)	○	○	○	○	○
40	The training evaluation/feedback surveys measure the Transfer of Training Level (e.g. behavior and results achieved on the job by the training participants)	○	○	○	○	○
41	The training evaluation/feedback surveys measure the Results Level (e.g. tangible outcomes, employee retention and higher morale)	○	○	○	○	○
42	I use various teaching strategies to engage students (e.g. problem-solving and simulations)	○	○	○	○	○
43	Prior to training, I consult with the trainees' supervisors to create applicable and meaningful training events	○	○	○	○	○
44	I review the training program design to find opportunities to improve	○	○	○	○	○
45	I make appropriate modifications to the training program to improve future training events	○	○	○	○	○
46	After training, I follow-up with the trainees' supervisors to assess their post-training work performance	○	○	○	○	○
47	After training, I follow-up with the trainees to assess their post-training work performance	○	○	○	○	○

Demographic Information

48. What is your age?

- ☐ **18-24 years old**
- ☐ **25-34 years old**
- ☐ **35-44 years old**
- ☐ **45-54 years old**
- ☐ **55-64 years old**
- ☐ **65- or older**

49. What is your gender?

☐ **Male** ☐ **Female**

50. What is the highest degree or level of education you have completed?

- ☐ **Did Not Complete High School**
- ☐ **High school/GED**
- ☐ **Some college credit, no degree**
- ☐ **Trade/technical/vocational training**
- ☐ **Associate degree**
- ☐ **Bachelor's degree**
- ☐ **Master's degree**
- ☐ **Doctorate or Professional degree**

51. Please specify your race/ethnicity.

- ☐ **Asian / Pacific Islander**
- ☐ **Black or African American**
- ☐ **Hispanic or Latino**
- ☐ **Native American or American Indian**
- ☐ **Other-Please specify**
- ☐ **White/Caucasian**

52. How long have you been in your current position?

- ☐ **Less than 1 year**
- ☐ **1-2 years**
- ☐ **3-5 years**
- ☐ **6-10 years**
- ☐ **11-20 years**
- ☐ **More than 20 years**

53. How long have you been an employee of VA St. Louis Health Care?

- ☐ **Less than 1 year**
- ☐ **1-2 years**
- ☐ **3-5 years**
- ☐ **6-10 years**
- ☐ **11-20 years**
- ☐ **More than 20 years**

54. Would you be willing to be interviewed regarding your responses to this survey?

☐ **Yes** ☐ **No**

Appendix E

Interview Protocol

Subject # _____ Interview Date: _____

Interview Time: _____

Interviewer Script:

Thank you for agreeing to be interviewed. During this interview, you will be asked about your training experience within VASTLHCS. Remember this is confidential and your honesty is appreciated.

1) How did the training help you to understand your job/role in the organization?
2) How was the training environment set up to replicate your workplace?
3) How did the training exercises and activities help you to learn the content?
4) Can you perform your job better using what you learned in the training?

   Why or Why Not?
5) How often do you use what you learned during training? Describe.
6) What part of the training was the most useful for your work? Why?
7) What part of the training was the least useful for your work? Why?

Interviewer Script:

Those are all of the questions I have for you today; do you have any questions for me?
(If none), thank you for your participation.
(If there are questions, provide a response) thank you for your participation.