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Religion and its Implications on Training Transfer Among Healthcare Workers in Government Owned Health Facilities in Nigeria.

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Abstract
Transfer of training has over the years been identified as a key factor that influences the quality of performance among healthcare workers in government-owned health facilities. It has also been identified to influences healthcare quality and organizational efficiency worldwide. In sub-saharan Africa especially Nigeria, however, the effective transfer of training remains a significant challenge, particularly among nurses in public health facilities. Against this backdrop, this study attempts to examine religious factors as it affects training transfer among healthcare workers in Niger state, Nigeria. The research adopted a survey design and collected primary data through self-administered questionnaires distributed to 436 nurses in Niger State using a simple random sampling technique. The data were analyzed using Partial Least Squares Structural Equation Modelling (PLS-SEM). The study concludes that religion as critical as it may seem to human existence does not significantly influence training transfer. Based on the conclusion, the study recommends that policymakers and healthcare administrators prioritize creating supportive work environments, refining training designs to accommodate cultural contexts, and enhancing supervisory and peer support systems as against emphasizing religion in training transfer context.
Keywords: Training Transfer, Religion, Healthcare, workers, Niger State, Nigeria.

Introduction

Quick Enhancing employees' skills, knowledge, and abilities is one of the best methods for organisations to deal with the problems of a global economy (Marr, 2017). Organisations must step in with professional skill development programs through trainings because employees have a wide range of skill levels and lack inherent competencies. According to a number of published researches, a variety of variables contribute to trainees' inability to apply what they have learnt in training to the real-world work situations. The organisation views its employees as a valuable asset. They provide long-term competitive advantage. A company can operate effectively and remain competitive in the market by enhancing the abilities, skills, and knowledge of its employees. (Obaid, 2014). Today's businesses use technologies to analyse their internal and external environments in order to determine what sources of long-term competitive advantage exist. Effectively motivating employees in a variety of ways can increase their productivity.

One method is through training, which is tailored to their specific position. Workers use their acquired knowledge and abilities in the workplace. Transfer difficulties may arise before to, during, and following learning interventions, as a result, training does not translate into the workplace. The application of what is learnt over a predetermined length of time at work is known

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as transfer of training (Starks, 2019). In training study, Baldwin and Ford (1998) noted transfer issues and offered suggestions for optimising the gap between learning and sustained performance.

Many academics have looked at the value of training activities and the specifics of how they are producing positive results at the individual, group, and organisational levels; however, very few of these studies have looked at how training actually transfers learning in the workplace. The results of learning transfer are favourable.

This study is being carried out in the field of development. Through meeting their fundamental needs such as food, shelter, etc.and helping those in need, humanitarians help people shift their typical behavioural patterns.Collaborative networks developed by humanitarian organisations function both locally and internationally. NGOs and United Nations organisations are among the investors engaged in humanitarian missions. The primary reason for choosing these organisations is that they are focusing on employee capacity building by offering their diverse workforces comprehensive training.

Therefore, the employee's prior or present training experience can be used to analyse the transfer of training and its effect on workplace results. Analysing the impact of specified training elements on the transfer of learning (training) resulting from workplace training that leads to job performance is the aim of this study. But over time, learning transfer has shown unsatisfactory results in terms of positive performance consequences (Starks, 2019).

The significance of training transfer has been thoroughly acknowledged as crucial for enhancing performance and achieving a greater return on investment for an organisation (Hua & Ahmad, 2011). Therefore, training transfer is recognised as a multidimensional construct within the context of training. The transfer of training refers to the extent to which an individual employee can replicate the behaviours acquired during a training session in different contexts (Kia & Ismail, 2013). The study of Agustianet al (2023) emphasised that contemporary organisations allocate substantial resources towards the development of their human resources, making it crucial for these organisations, which encounter a broader spectrum of competition, to improve their employees' knowledge, skills, and abilities. Consequently, experts in training and analysis have focused on the factors that affect the transfer of training to the workplace. For instance, factors such as self-efficacy, content validity, transfer design, training transfer motivation, and the employee's reaction to training are discussed in the literature (de Jonget al., 2023; Na-Nan& Sanamthong, 2020; Trang,2024). While numerous features and concepts related to training transfer have been outlined in existing literature, the majority of theories and ideas share a common foundational belief: that the effectiveness of training transfer must be clearly evidenced to enhance employees' workplace competence.

Statement of problem

The primary issue with transfer of training is that formal training programs frequently result in participants acquiring abilities that they do not or cannot effectively utilise in their job environment. It is presumed that these participants frequently do not effectively apply what they have acquired during training to their daily work practices (Lacerenzaet al., 2017). Expert literature frequently includes estimates concerning decreased transfer rates. Numerous scholars (Lattuca, et al., 2014; De Leeuwet al., 2019; Twase et al., 2022; Yang & Watson (2022; Wang, et al. (2023) posit that hardly 10-20% of instructional content is utilised in professional settings. Nonetheless, the empirical findings of Wlodkowski& Ginsberg (2017) validate elevated transfer

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rates. This study indicates that immediately following training, 62% of the knowledge is utilised in the job, decreasing to 44% after six months and 34% after one year. Variations in transfer rates can be ascribed to alterable personal and environment factors. Consequently, an investigation of the factors influencing the transfer of training is essential.They present research about the determinants that significantly affect the success of learning transfer, whether favourably or adversely.

Training and its subsequent transfer have demonstrated considerable significance in enhancing health service workers' assessment of overall organisational resources; thus, professional training can be regarded as an effective strategy for improving system quality (Alharbi& Aloyuni,2023). The factors of training and training transfer significantly influence motivation and subsequent job satisfaction, as they pertain to the ongoing advancement of medical knowledge and technology. It is crucial for hospitals and medical centres to ensure their personnel remains informed about the latest scientific advancements, as this enhances psychological well-being by augmenting health professionals' control over their work and promoting social support from peers and supervisors.Training transfer enables professionals to enhance their knowledge and abilities, hence augmenting self-confidence and motivation to provide high-quality treatment.

In the healthcare sector, ongoing training and its application in the workplace can serve as a catalyst for organisational transformation and advancement for two reasons: (i) it enhances job satisfaction; and (ii) it is integral to a process of professional competence enhancement that encompasses ‘doing’ (acquiring essential knowledge for effective task execution), ‘knowing’ (analysing and interpreting ‘doing’), and ‘demonstrating’ (applying acquired knowledge) (Gacia-Perez & Gil-Lacruz, 2018, p. 5). Professional satisfaction is not solely linked to the acquisition of information and skills; it also includes the application of that knowledge and skills, as well as the enhancement of competence and quality of care, as perceived by the professional (Gil-Lacruz et al., 2019).

The "transfer problem" in organisational training is increasingly recognised, as noted by Ford et al. (2018), due to worries that most of the knowledge conveyed fails to translate to the workplace. Investments in training methodologies are deemed beneficial solely when the transfer of knowledge to practical applications is continuously effective (Tonhäuser & Büker, 2016). This has incited numerous investigations over the years to ascertain why transfer has not been realised. Researchers who examined the transfer of training include Zhuang, et al. (2020);Huang et al., (2016); Tonhäuser & Büker (2016); This study indicates that organisations are inadequately transferring training both effectively and efficiently. Despite the discovery that human resources aspire to enhance their skills, they often lack support from their employers (Christiana et al., 2021). The training environment significantly influences the efficacy of training transfer (Sulaiman et al., 2020).Organisations may struggle to identify the most critical criterion due to persistent uncertainty (Sharmaet al., 2022).

In African context and particularly in Nigeria, engaging in training and training transfer specifically among healthcare workers are yet to reflect what is being practice in developed countries due to globalization and its challenges attributes (Out, et al., 2021). This is because, the contributions of healthcare professionals to research and global discussion on training transfer to bridge the gap between knowledge acquire and long-term application in the workplace has been found to be abysmally low (Dele-Oluwu at el., 2020; Otu at el., 2021; El saeed & Sorour, 2022).

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Research on training transfer activities specifically among health workers in organizations still lack the opportunity to generate unique stands in most African literatures (Otu, et al., 2021).

Facilitating the transfer of training among healthcare personnel is crucial for sustaining high-quality care and effective health service delivery (David et al., 2020). The healthcare system in Nigeria is severely deteriorated, impeding effective transfer training in the workplace. If the current rate of human capacity loss persists, there may soon be no healthcare practitioners remaining in Nigeria (Asongu, 2015 p.4). The exodus of several Nigerian healthcare practitioners abroad, coupled with the insecurity in Nigeria, has rendered it nearly hard for many healthcare personnel to voluntarily return and apply the "transfer of training" derived from their foreign education. This dynamic has compelled several individuals to stay in developed countries despite their dissatisfaction with conditions in Nigeria (Adepoju, 2018).

This paper examines an instance inside Nigeria's healthcare industry. This research serves as a resource to assist health institutions and healthcare professionals in reflecting on the knowledge acquired during medical school. This research will elucidate the principal elements influencing training transfer among healthcare professionals. While contemplating the existing practices, experiences, difficulties, expectations, and opportunities related to training and development in Human Resource Development (HRD). The research question, specific objectives and hypothesis are as follows:

Research Questions

In line with the objective of the study, the following research question is raised to guide the conduct of the study.

- To what extent does religion affect training transfer among healthcare workers in Government owned health facilities in Niger State, Nigeria?

Objectives of the Study

The general objective of this research is to determine the factors that influence training transfer among healthcare workers in Government owned health facilities, and specifically among nurses in Niger State, Nigeria. While the specific objective is:

i. To determine the effect of religion on training transfer among healthcare workers in Government owned health facilities in Niger State, Nigeria.

Research Hypothesis

H_{01}: Religion does not affect training transfer among healthcare workers in Government owned health facilities in Niger State, Nigeria.

Literature Review

Concept of Transfer of Training

A review of the existing literature on the concept of transfer of training has uncovered definitions provided by scholars that focus on the characteristics associated with this phenomenon. Salas et al. (2012) defined training as a meticulously organised activity aimed at enhancing job performance by imparting specific knowledge, skills, and attitudes. Implementing effective training can assist an organisation in tackling employee-related challenges, such as motivation

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levels, work commitment, morale, team spirit, work quality, productivity, and error rates. The concept of "transfer of training" refers to the utilisation of newly acquired knowledge, skills, and attitudes gained from training in the context of job performance. A significant finding from the study indicates that training transfer refers to the extent to which individuals implement theiracquired knowledge in their professional environment (Tonhäuser& Büker, 2016). Transfer can be perceived in both a favourable and unfavourable light. The positive transfer of learning refers to how well trainees can utilise the knowledge, skills, and attitudes acquired during training in their job roles (Sahoo& Mishra, 2019; Yang et al., 2020; Yang & Watson (2022). Negative transfer happens when the acquisition of knowledge or skills in one situation adversely affects performance in a different context. Positive transfer involves leveraging new knowledge to improve outcomes, such as quality and productivity, whereas negative transfer arises when the ongoing application of new learning results in less favourable outcomes (Bardovi-Harlig & Sprouse, 2018; Zhanget al., 2022). Training transfer is refered to as the extent to which knowledge, skills and attitudes learned in work-related training are applied on the job and subsequent maintenance of them over a certain period of time. The concept of "transfer of training" refers to the utilisation of newly acquired knowledge, skills, and attitudes gained from training in the context of job performance. A significant finding from the study indicates that training transfer refers to the extent to which individuals implement their acquired knowledge in their professional environment (Pidd, 2003). Transfer can be perceived in both a favourable and unfavourable light. The positive transfer of learning refers to how well trainees can utilise the knowledge, skills, and attitudes acquired during training in their job roles (Baldwin & Ford, 1988; Newstrom, 1986). Negative transfer happens when the acquisition of knowledge or skills in one situation adversely affects performance in a different context. Positive transfer involves leveraging new knowledge to improve outcomes, such as quality and productivity, whereas negative transfer arises when the ongoing application of new learning results in less favourable outcomes (Baldwin & Ford, 1988). Kavanagh (1998) established a multi-level process aimed at elucidating the intricacies involved in the transfer of training process. He proposed that the transfer of training is affected by various factors across multiple levels of analysis, such as individual, supervisor, workgroup, and organisation, as well as at different phases of the training process, including pre-training, training, and post-training. (Velada, 2007). For organisations to fully benefit from their investment in training programs, it is essential that the transfer of training fosters the development of new behaviours in trainees (Holton et al., 2000). The significance of training transfer is evident in Kirkpatrick's (1998) four-level taxonomy, where behavior—specifically, the extent to which learning is applied in the workplace—is identified as a crucial measure (third level) for assessing the effectiveness of training programs. The significance of training transfer has been thoroughly acknowledged as crucial for enhancing performance and achieving a greater return on investment for an organisation (Hua & Ahmad, 2011). Therefore, training transfer is recognised as a multidimensional construct within the context of training. The transfer of training refers to the extent to which an individual employee can replicate the behaviours acquired during a training session in different contexts (Kia & Ismail, 2013). Gegenfurtner, Festner, Gallenberger, Lehtinen, & Gruber (2009) emphasised that contemporary organisations allocate substantial resources towards the development of their human resources, making it crucial for these organisations, which encounter a broader spectrum of competition, to improve their employees' knowledge, skills, and abilities. Consequently, experts in training and analysis have focused on the factors that affect the

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transfer of training to the workplace. For instance, factors such as self-efficacy, content validity, transfer design, training transfer motivation, and the employee's reaction to training are discussed in the literature (Akhtar, Ali, Sadaqat & Hafeez, 2011; Bin & Yusof, 2012; Burke & Hutchins, 2007; Iqbal, 2011; Simosi, 2012; Wiechman & Gurland, 2009). While numerous features and concepts related to training transfer have been outlined in existing literature, the majority of theories and ideas share a common foundational belief: that the effectiveness of training transfer must be clearly evidenced to enhance employees' workplace competence.

The foundation of human resource management (HRM) is the belief that human resources constitute an organization's most important asset, and their performance profoundly influences the organization's success (Phiri & Phiri, 2022). Human resource management techniques denote a set of procedures or systems that organisations employ to manage their most valuable assets, namely human resources, in order to achieve and sustain a distinct competitive advantage and provide exceptional outcomes (Mondejar & Asio, 2022).

Cheng (2016) recently investigated the role of trainee intention to transfer among in-service instructors utilising the comprehensive framework of the theory of planned behaviour. It was found that self-reported intentions for transfer maintenance had a positive correlation with teachers' attitudes towards the behaviour and perceived behavioural control ($\beta = .62$ and $\beta = .16$, respectively), but not with subjective norm. Furthermore, a significant association was established between maintenance behaviour and transfer maintenance intention ($\beta = .62$). As expected, they identified a direct association ($\beta = .28$) between maintenance behaviour and perceived behavioural control. Cheng et al. (2015a) gathered self-reported data on attitudes towards behaviour, subjective norms, and perceived behavioural control to assess the intention to transfer in a study including 132 construction professionals. The desire to transfer was significantly correlated with transfer outcomes ($\beta = .62$), with relationships of $\beta = .41$, $\beta = .27$, and $\beta = .29$, respectively. These studies endorse the relevance of applied psychology motivation theories in the domain of training transfer.

Since training transfer is closely predicted by motivation to transfer, it would be advantageous to investigate the correlation between this variable and the actual extent of transfer within the context of robust motivation theories in applied psychology. Due to their predictive validity in elucidating human attitudes, objectives, and behaviours in training and workplace environments, it has been asserted that both planned behaviour and self-determination theories are relevant in the context of training transfer (Tafvelin& Stenling, 2021).

Given that motivation to transfer is identified as a proximal predictor of training transfer, it would be advantageous to investigate the correlation between this variable and the actual extent of transfer within the context of robust applied psychology motivation theories. Self-determination and planned behaviour theories are considered pertinent to training transfer due to their predictive validity in elucidating human attitudes, objectives, and behaviours within training and professional settings (Al Doghan., 2023; Quatrin et al., 2024). The motivating aspects of the theories of planned behaviour and self-determination may act as immediate precursors to transfer behaviour, as suggested by the findings of this study. The work environment is believed to influence the motivation to transfer.

Training: in this study, training is a planned and systematic process of impacting knowledge, skills and attitude through a learning experience to achieve effective performance in an activity or a range of activities. Also made up of structured learning experiences provided

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primarily by employers for employees and designed to develop new skills and knowledge for use on the job (Jacksonet al., 2022). Training can be described as a structured educational experience aimed at fostering enduring transformations in a person's knowledge, attitudes, or skills (Jacksonet al., 2022). A significant aspect of development encompasses training initiatives sponsored by organisations. With knowledge emerging as a crucial economic asset and a vital source of competitive edge, the significance of effective training in imparting knowledge cannot be overstated (Drucker 1995). Training represents a significant financial commitment for many organisations. It is reasonable to assert that employers strive to guarantee that their investments in training yield optimal returns(Strine & Smith, 2020). It is recognised that the fields of business and technology, particularly in medical technology, are undergoing swift transformations. Furthermore, individuals must possess the ability to adjust to these changes to achieve organisational goals and objectives (Montreuil, 2023).The development of human resources plays a vital role in the success of organisations in reaching their goals and objectives (Rustiawanet al., 2023). Training serves as the primary instrument for equipping individuals to tackle these challenges (Miguel A. Quinones).Organisations and employees can reach their objectives when the knowledge and skills acquired from training are effectively applied in the workplace. The financial resources designated for the health sector in Nigeria's 2024 budget amount to 3 trillion Naira, constituting 4.6% of the total fiscal budget. Additionally, allocations for training within the health sector are roughly 15% of the annual budget (Adindu & Asuquo, 2013). In summary, organisations must prioritise sufficient training and guarantee that this training results in the intended work outcomes, including enhancements in job performance. Raquel Velada, 2007 Research indicates that merely around 10 percent of training experiences are successfully applied from the training setting to the workplace (Baldwin & Ford, 1988). Wexley & Latham (2002) indicate that while this is a lower-bound estimate, around 40 percent of content is retained immediately after training. However, this retention decreases to 25 percent after 6 months and further declines to 15 percent after 1 year. This indicates that over time, trainees might struggle or feel less inclined to remember and apply the knowledge acquired during the training program. Consequently, there has been a heightened focus on comprehending the factors that precede and follow the training transfer process. Velada (2007) notes that a significant portion of the time and resources allocated to training often goes underutilised, as only a limited fraction of the training provided leads to lasting application in the workplace. The transfer problem has garnered attention, highlighting that a significant portion of training content fails to be utilised in the workplace. This ongoing issue leads to insufficient returns on investments in learning, positioning transfer as a fundamental concern for both those studying the field and those implementing practices.

Religion as a factor in training transfer

The interplay of religion and ethics constitutes essential elements within any society. Religion represents the system of beliefs or faith embraced by individuals within a society, with notable examples including Islam, Christianity, Buddhism, and others. Ethics encompass the behaviors deemed morally acceptable by society. Within the realm of medicine, numerous challenges have sparked discord between scientific inquiry and theological perspectives. The convergence of religion, ethics, and science has fostered a space for discourse. Gustafson (1994) noted that numerous scientific enquiries have prompted religious questions, thereby compelling

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theologians to explore the integration of scientific findings within the framework of religious thought. In certain areas of Nigeria, when complications arise during or following pregnancy, the woman often bears the brunt of the blame for the outcomes. Her conduct during childbirth is frequently evaluated through the lens of cultural, traditional, or religious beliefs upheld by herself and her family, rather than being guided by medical advice. A pregnant woman is compelled to adhere to the stringent mandates established by the elders within her family or society, as supported by traditions and religious beliefs (Mama, 1996). It has been noted that numerous scientific discoveries have been imparted in training environments; however, societal influences have hindered their application in workplace contexts. The topics of human cloning, pregnancy termination, and various genetic matters have sparked significant religious discourse within the realm of public health practice. Cahill (1997) posits that fundamental human values, familiar principles, and the natural world constitute the foundation for determining what is deemed acceptable or unacceptable. For him, the previously mentioned concepts are not contingent upon any scripture, revelation, or faith commitments, thereby establishing a foundation for ethical deliberations. Mama, (1996) observed Some Christians believed that the labour pain can be viewed as part of God ‘s plan for mankind having disobeyed God ‘s instructions after creation; hence, they refuse pain relief medications during pregnancy. Lack of interest or believe in drugs and medications could hinder effective service and care delivery, which non-Christians would refer to as a mere _coincidence ‘. Thus, new scientific findings learned have not been transferred basically because they have religious implications and moral objections however, Fletcher (1979 p. 17) believed that some of these findings have found their ways into practice because of their ethical societal benefits.

Method

Research Design

Research design is a plan for the systematic organisation, collection, and analysis of data (Bryman & Bell, 2007). This research is based on the quantitative approach. Quantitative research refers to the research approach that quantifies and interprets data through the application of statistical analysis techniques (Bhatti et al., 2012). Consequently, findings of quantitative data analysis are articulated in numerical form and solutions to a given problem can be derived from the basis of statistical patterns found. Therefore, this study employed cross-sectional survey approach to collect data using the self-structured questionnaire as earlier mentioned. Because the study time under consideration may not be sufficient for a longitudinal study, a cross-sectional research strategy is more suitable for the study than a longitudinal one. Other limitations include the time and expense required to gather data over an extended period of time, which naturally lead many researchers to favor cross-sectional research over longitudinal in the majority of cases (Sekaran & Bougie, 2013).

Population of the Study

Population refers to the total collection of humans, objects or events that share a similar trait and are the topic of the study (Ahmad, et al. 2023). To put it another way, it stands for the entire collection of components that the researcher hopes to examine and make inferences from (Sileyew, 2020). Therefore, the population for this study consists of two thousand six hundred and

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eleven (2,611) licensed nurses in government owned health facilities in Niger State, Nigeria (Nominal Rolls from MDAs, Niger State Bureau of Statistics, 2024).

Sample Size and Sampling Techniques

The Krejcie and Morgan (1970) table for sample size determination was used to calculate the sample size for this investigation.Based on the population oftwo thousand six hundred and eleven (2,611) in this study, has the sample size of three hundred and thirty-eight (335)health workers (mainly nurses). In order to take care of non-responses rate, 30% of the sample size will be added as suggested by Israel (2013). Therefore, the 30% of 335 is 101 and added with 335 gives 436 sample used in this study.

Unit of Analysis

The unit of analysis is the frame of what is being looked at in a study or the entity being studied as a whole (Babbie, 1975). In management science research, unit of analysis can take the form of individuals, organizations or groups (Kumar etal., 2013; Creswell, 2012). The present study used individuals as the unit of analysis and the respondents were nurses in public hospitals in Niger State, Nigeria.

Sources and Methods of Data Collection

Only the primary source was used as the data source for this investigation. Self-administered questionnaires were used by the primary source to gather the required data from public hospital nurses. Given that nurses in public hospitals are first responders in emergency circumstances and that it is crucial for them to apply the skills and information they have received in training to real-world situations, the selection of nurses as responders is considered suitable.Therefore, participants will be required to respond to the survey questionnaire and the empirical data were used to test the hypotheses proposed in the study.

Techniques of Data Analysis

This study utilised Statistical Package for Social Sciences (SPSS) Version 22, a foundational tool for preliminary analysis, including data coding, data screening, normality testing, missing value replacement, outlier detection and treatment, as well as running descriptive statistics for both demographic data and the study variables.The study also utilised Partial Least Square (PLS) path modelling, leveraging SmartPLS 3.0 software (Ringle et al., 2015) to evaluate the hypotheses presented in chapter one. The PLS path modelling was deemed a suitable method for data analysis for various reasons.

Measurement of the Variables

In the analytical realm of study, measurement is the method used to symbolically describe certain features of reality. Thus, training transfer was used as the dependent variable, while religion was the independent variables. Hence, 5-point Likert scale was used for measuring all the items of the study variable with responses ranging from 1 = “strongly disagree”, 2 = “disagree”, 3 = “neutral”, 4 = “agree”, and 5 = “strongly agree”. Thus, Table 1 presents the summary of variables measurements of the study.

Table 1: Summary of Variables Measurements Used for the Study

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Construct	Measurements
Religion	Religion is measured by nine (9) items adapted from the works of Zumrah (2020).
Training Transfer	Training transfer is measured by eight (8) items adapted from the works of Vickers, Thalheimer, and Windgate (2019).

Data Coding and Screening

The coded SPSS variable view page was updated with the 401 completed and returned questions. Every item or question was coded according to its serial position in relation to other items under the same latent construct, as well as its major variable initials.For example, items/questions measuring Religion were coded as REL1, REL2, REL3…..REL9; while Training Transfer was measured as TT1, TT2, TT3……TT7.Upon meticulously inputting all the responses, the subsequent step is to evaluate the data. Bhatti et al. (2012) indicate that data screening is conducted to identify missing values and outliers. In addition to checking and replacing missing values and detecting and treating outliers, this study also conducted preliminary analyses that include normality and multicollinearity tests, as recommended by Hair et al. (2017).

Pilot Test

To verify the validity and reliability of the measurement tool used in this study, the researcher ran a pilot test. Accordingly, validity is the degree to which the tools, procedures, or metrics employed in a study capture what it is intended to capture (Lancaster, 2005). Conversely, dependability is the degree to which a specific item modified for a study will provide the same outcomes on various times (Greener, 2008). However, 30 copies of questionnaire were randomly distributed to nurses in government owned health facilities in Niger State, Nigeria for the purpose of pilot test and 28 was return and found usable. The data collected was analysed using SmartPLS 3.0 software. In this regard, the reliability of the variables was assessed using composite reliability (CR) and 0.7 was recommended as acceptable threshold for CR for good reliability (Tenenhaus, Vinzi, Chatelin, & Lauro, 2005). On the other hand, construct validity was assessed using convergent validity in order to ensure that the questionnaire items are actually measuring what the study has been operationalized to measure. For achieving adequate convergence validity of the variables, the average variance extracted (AVE) value should be at least 0.50 (Hair, Tomas, Ringle & Sarstedt, 2017). Therefore, table 2 provide the summary of reliability and convergent validity result of the pilot test.

Table 2: Reliability and Convergent Validity for Pilot Test (n=30)

Construct	Composite Reliability	Average Variance Extracted
Cultural Belief	0.82	0.50
Trainer Characteristics	0.71	0.52
Trainee Characteristics	0.83	0.56
Training Design	0.81	0.52
Religion	0.76	0.58

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Work Environment	0.79	0.64
Training Transfer	0.72	0.55

The data presented in table 2 demonstrates that the CR values for all variables exceed the recommended threshold of 0.70 (Hair et al., 2017; Tenenhaus et al., 2005). The assessment of convergent validity demonstrated that all variables—cultural belief, trainer characteristics, trainee characteristics, training design, religion, work environment, and training transfer—achieved validity, as each exhibited an AVE exceeding 0.50 (Hair et al., 2017).

Results

Number of Trainings Attended

The distribution of the number of trainings attended shows that the majority of respondents have attended between 1-10 trainings, with 29.9% having attended 6-10 trainings and 24.9% having attended 1-5 trainings. Fewer respondents (15.2%) have attended over 20 training sessions. This suggests that while professional development opportunities have been somewhat available, there may be gaps in continuous training, particularly for more experienced healthcare workers.This has important implications for training transfer, as continuous learning is essential in healthcare, where new medical practices and technologies are frequently introduced. Limited access to training might restrict the ability of healthcare workers to apply new skills in the workplace, potentially leading to stagnation in professional growth. To improve training transfer, it may be necessary to increase access to regular, high-quality training opportunities that keep workers updated on the latest advancements in healthcare practices.

Descriptive Statistics of Latent Constructs

The study's latent variables' descriptive statistics are shown in this section. The descriptive characteristics of the study's variables were essentially determined by computing the mean (i.e., the sum of all observed outcomes from the sample divided by the total number of events) and standard deviation (i.e., the measure that is used to quantify the amount of variation or dispersion of a set of data values), as indicated in Table 3.

Table 3: Descriptive Statistics of Construct: Mean and Standard Deviation

Constructs	N	Mean	Std. Deviation
WE	401	3.91	0.55
TEC	401	3.63	0.80
TRC	401	3.23	0.79
TD	401	3.40	0.77
REL	401	3.93	0.52
CB	401	4.23	0.45
TT	401	3.71	0.57
Valid N (listwise)	401		

The table of descriptive statistics provides an overview of the key constructs examined in the study, including Work Environment (WE), Trainee Characteristics (TEC), Trainer Characteristics (TRC), Training Design (TD), Religion (REL), Cultural Beliefs (CB), and Training

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Transfer (TT). For each construct, the mean and standard deviation reflect how respondents perceive these factors in relation to training transfer among healthcare workers in Nigerian government-owned health facilities. These results offer important insights into both the strengths and areas for improvement in training practices.

Religion (REL)

The mean score for religion is 3.93, indicating that religion is considered an influential factor in training transfer. With a low standard deviation of 0.52, the responses were relatively consistent, highlighting a shared perception of religion's importance. In a cultural context like Nigeria, where religion plays a significant role in daily life, this finding suggests that integrating religious considerations into training programs could improve receptivity and engagement among healthcare workers. For example, aligning training schedules or content with religious practices or values could foster greater acceptance and application of the training.

Training Transfer (TT)

The mean score for training transfer is 3.71, which is fairly positive, indicating that respondents generally agree that training is being transferred to the job environment. The standard deviation of 0.57 suggests moderate variability, meaning some workers are experiencing more successful transfer than others. This could be due to differences in personal motivation, work environment support, or the relevance of the training. To enhance training transfer, organizations could focus on reinforcing the link between training content and practical job duties and providing post-training support, such as follow-up sessions or mentoring.

Multicollinearity Test

The relationship between independent latent variables is known as multicollinearity (Pallant, 2010), and its existence can have a substantial impact on the accuracy of coefficient estimate and, consequently, statistical significance (Hair et al., 2019; Tabachnick & Fidell, 2013). When latent independent variables are overly associated, multicollinearity occurs. More specifically, multicollinearity between latent independent variables is present when the correlation between them is 90 percent (r=0.9) or more (Hair et al., 2017; Pallant, 2010). Increased multicollinearity makes it harder to analyze the data since it makes it harder to assess the impact of any one variable due to their interdependencies (Hair et al., 2017).

Table 4: Multicollinearity Test: Correlation Matrix (n=401)

Constructs	WE	TEC	TRC	TD	REL	CB
WE	1					
TEC	.741**	1				
TRC	.515**	.597**	1			
TD	.556**	.640**	.715**	1		
REL	.722**	.549**	.469**	.582**	1	
CB	.461**	0.095798	.171**	.143**	.446**	1

**. Correlation is significant at the 0.01 level (2-tailed).

Individual Item Reliability

The PLS algorithm was used in the study to determine the reliability of each individual item and other evaluations of the measurement model, as shown in Figure 4.1 below. The outer loadings of each construct's indicators were used to calculate the construct's individual item or

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factor reliability (Duarte & Roposo, 2010; Hair et al., 2017). According to Hair et al. (2014)'s rule of thumb, an indication with an outer loading of 0.70 is dependable and appropriate for a scale that has previously been constructed. However, they contended that instead of simply eliminating an indicator whose loading is less than 0.70, researchers ought to think about doing so only if doing so raises both the AVE and the Composite Reliability (CR).As a result, the deletion is sensitive to the AVE and CR increment since the loading needs to be between 0.40 and 0.70 to maintain a specific indicator. Therefore, in accordance with the general guideline of Hair et al. (2017), 12 of the 58 items that measured the six constructs in this study were eliminated, leaving the remaining items that were deemed suitable for additional analysis.

Figure 1: Measurement model

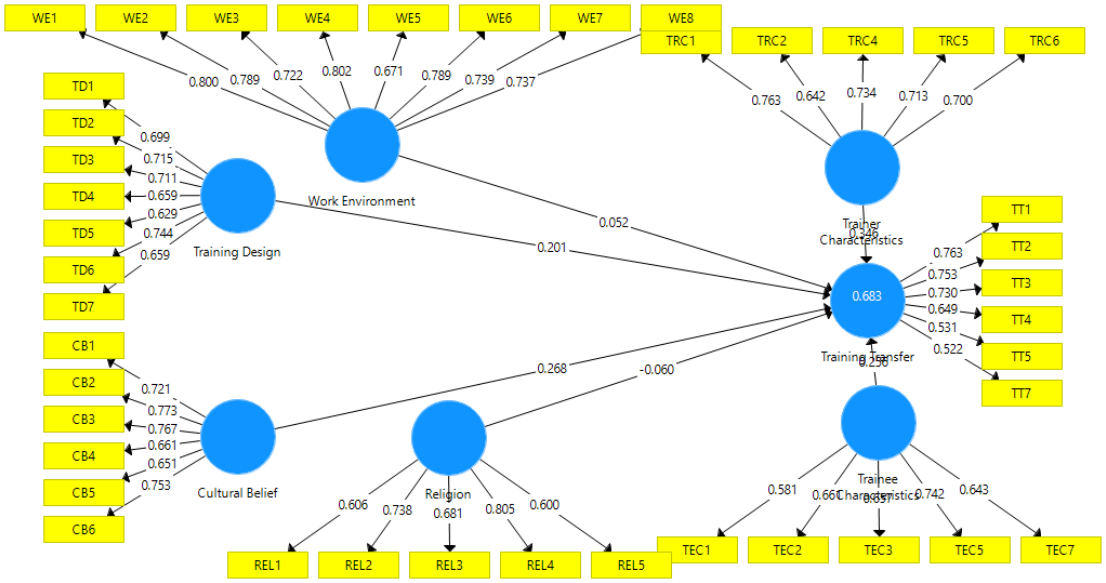

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Figure 1 above presented the measurement model which indicated the item reliability as well as the construct validity and reliability of all the constructs of the study. Hence, all the remaining items were used for further analysis.

Table 5 :. Loadings, Internal Consistency, and Average Variance Extracted

Construct	Indicators	Outer Loadings	Cronbach's Alpha	Composite Reliability	Average Variance Extracted (AVE)
Religion	REL1	0.61	0.73	0.82	0.50
	REL2	0.74			
	REL3	0.68			
	REL4	0.81			
	REL5	0.60			
Training Transfer	TT1	0.76	0.74	0.82	0.50
	TT2	0.75			
	TT3	0.73			
	TT4	0.65			
	TT5	0.53			
	TT7	0.52			

Internal Consistency Reliability

According to Bijttebier et al. (2000) and Sun et al. (2007), this is the internal consistency of different questions or factors assessing the same reflective latent construct. The Cronbach's alpha coefficient, which estimates reliability based on intercorrelations across indicators, is the conventional criterion for evaluating internal consistency (see Cronbach, 1951; Cronbach & Shavelson, 2004). Although the alpha coefficient is widely used, it has been criticized for underestimating the true internal consistency reliability and being sensitive to the number of items in a construct. For this reason, Composite Reliability (CR) has been proposed as a substitute criterion, particularly in SEM (Bacon, Sauer, & Young, 1995; Hair et al., 2014; Peterson & Kim, 2013).

Assessment of the Structural Model

The structural equation model of the data analysis for the direct relationship using bootstrap analysis is presented in this section. In particular, a total of 5000 bootstrap samples for 401 cases were used in a conventional bootstrapping approach to evaluate the importance of the route coefficients of direct links (Hair et al., 2019; Henseler et al., 2009). However, this study's goals are to investigate empirically the direct correlations between independent variables (IVs) and dependent variables (DVs).

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Table 6: *Measures and Threshold Values for Assessment of Inner Model*

Assessment Measure	Measure	Threshold value
Path Coefficient	T-value	1.96 ($p < 0.05$)
Coefficient of Determination	R^2	0.19 (weak), 0.33 (mediocre), 0.67 (good)
Effect Size	F^2	0.02(weak), 0.15(moderate) and 0.35(strong)
Predictive Relevance	Q^2	0.02 (small), 0.15 (medium), 0.35 (strong)

Source: Hair et al., (2017).

Table 7: Patyh Coefficient

Constructs	Beta Values	Standard Deviation	T Statistics	P Values
Cultural Belief -> Training Transfer	0.27	0.05	5.69	0.00
Religion -> Training Transfer	-0.05	0.04	1.44	0.15
Trainee Characteristics -> Training Transfer	0.25	0.04	5.77	0.00
Trainer Characteristics -> Training Transfer	0.34	0.05	6.58	0.00
Training Design -> Training Transfer	0.20	0.06	3.41	0.00
Work Environment -> Training Transfer	0.05	0.06	0.86	0.39

The results from the hypotheses tests presented in Table 7 reveal important insights into the relationships between various factors and Training Transfer among healthcare workers. The significant positive relationships observed between Cultural Belief, Trainee Characteristics, Trainer Characteristics, and Training Design with training transfer indicate that these factors are essential for successful application of training in the workplace. Specifically, Cultural Belief ($\beta = 0.27$, $P = 0.00$) has a meaningful influence, suggesting that healthcare workers' cultural context plays an important role in how they apply training. Similarly, Trainee Characteristics ($\beta = 0.25$, $P = 0.00$) demonstrate a significant positive impact on training transfer, highlighting the importance of motivation, readiness, and other individual traits in the effective use of learned skills. The strongest effect is seen in Trainer Characteristics ($\beta = 0.34$, $P = 0.00$), indicating that the skills, competence, and engagement of trainers are critical in ensuring that workers are able to transfer what they have learned to their roles. Training Design ($\beta = 0.20$, $P = 0.00$) is also significantly related to training transfer, suggesting that well-structured, relevant, and practical training programs facilitate the application of new knowledge and skills in the workplace.

On the other hand, the results indicate that Religion ($\beta = -0.05$, $P = 0.15$) and Work Environment ($\beta = 0.05$, $P = 0.39$) do not have significant effects on training transfer in this context. The non-significant result for Religion suggests that religious factors may not play a substantial

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role in influencing how healthcare workers apply training on the job. This finding indicates that, although religion is a significant part of the cultural landscape, it may not directly impact job-related behavior or the effectiveness of training programs. Similarly, Work Environment was found to have a non-significant relationship with training transfer, which is somewhat surprising given the general understanding of the role of workplace support in training application. The low beta value (β = 0.05) and non-significant result (P = 0.39) suggest that other factors, such as trainer quality and trainee readiness, may overshadow the influence of the work environment in this particular study, or that the work environment may not have been perceived as a strong determinant of training outcomes in the specific healthcare settings examined.

Coefficient of Determination (R^2)

As was previously said, the model's coefficient of determination, also known as the R-square level evaluation (Hair et al., 2017), was evaluated to determine how much of the variance in the endogenous latent variables was explained by the exogenous latent variables. Table 4.10 displays the R2 values.

Table 8: Coefficient of Determination (R2)

Construct	R Square	R Square Adjusted
Training Transfer	0.68	0.68

The R^2 value of 0.68 in Table 5 indicates that 68% of the variance in Training Transfer is explained by the predictor variables (Religion). This is a strong result, suggesting that the model has high explanatory power and that these factors play a significant role in determining how effectively healthcare workers apply their training in practice. The Adjusted R^2 of 0.68, identical to the R^2, confirms that the model is well-specified, with no overfitting, meaning it generalizes well. These findings imply that targeting these factors in training programs, especially Trainer and Trainee Characteristics, could significantly enhance training transfer outcomes, making them critical areas for intervention in healthcare training initiatives.

Assessment of the Effect Size (f^2)

In order to determine whether an omitted variable has any significant impact on the latent endogenous variable, effect size measures the change in the f2 value when a specific predicting variable is removed from the model (Hair et al., 2017). The effect size is calculated using a rule of thumb that is 0.02 small, 0.15 medium, and 0.35 large effects on the target construct, respectively (Cohen, 1988). The outcome of effect size (f2) analysis is shown in Table 6

Table 9: Assessment of Effect size (f2)

Constructs	**Training Transfer**	**Effect Size**
Religion	0.01	None

The Assessment of Effect Size (f^2) in Table 9, reveals that Religion (f^2 = 0.01) exhibit negligible or no effect, indicating that these factors do not significantly influence training transfer in this context. These findings suggest that to optimize training transfer, healthcare organizations

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should focus on enhancing trainer quality and addressing key trainee characteristics, while placing less emphasis on religious factors.

Assessment of Predictive Relevance: Q-Squared

In addition to the assessment of the level of the R^2 value as a measure of predictive accuracy, researchers are also advised to evaluate Stone-Geisser's Q^2 value (Geisser, 1974; Stone, 1974). This criterion is an indicator of the predictive relevance of a model (Hair et al., 2014). This criterion can, however, be considered as an extra assessment of the model fit in the PLS-SEM analysis (Duarte & Roposo, 2010; Stone, 1974), and thus the Q^2 indicates how well the observed values are constructed in the model as well as its parameter estimates (Chin, 1998). However, in this study a cross-validated redundancy criterion was employed to examine the predictive relevance (Q^2) of the exogenous latent variables on the reflective endogenous latent variable (see., Hair et al., 2017). According to Heseler et al. (2009), a model is considered predictively relevant if its Q2 value is greater than zero. Therefore, the higher the Q2 value, the more predictively relevant the model is (Duarte & Roposo, 2010). Table 4.14 displays the Q2 value that was acquired during the blindfolding process (refer to Figure 4.3).

The predictive importance of the exogenous latent variables on the endogenous latent variable was measured in this model as well using Stone-Geisser's Q2 value (Geisser, 1974; Stone, 1974). Thus, utilizing the blindfolding process (see Figure 1), a cross-validated redundancy criterion was used to analyze the predictive relevance (Q^2), which is shown in Table 4.12.

Table 10: Predictive relevance on endogenous variables: Q-square

Constructs	SSO	SSE	Q^2 (=1-SSE/SSO)
Training Transfer	2376	1716.751	0.277462

The blindfolding result of the cross-validated redundancy (Q2) of the endogenous latent variables of this model is shown in table 7, that there is a path model predictive significance on firm performance as the cross-validated redundancy (Q2) is greater than zero (Chin, 1998; Hair et al., 2014; Hayes, 2009).

Conclusion

Interestingly, the study found that Religion had no significant impact on training transfer, with a beta value of -0.05 and a p-value of 0.15, suggesting that religious factors do not play a meaningful role in how healthcare workers apply their training in the workplace. This finding is somewhat surprising given that religion is a significant aspect of life for many individuals in Nigeria. However, it aligns with the idea that while religion may influence personal values and social behavior, it does not necessarily impact job-related skills or the ability to apply technical training in a healthcare setting. This contrasts with studies that have suggested religion can shape behavior in various contexts (Aldulaimi, 2018), but in this case, religion does not appear to affect the practical application of training. As a result, healthcare organizations can minimize their focus on religious considerations when designing training programs, concentrating instead on more impactful factors such as cultural beliefs, trainer quality, and training design. However, it remains important for organizations to be respectful of religious practices, such as accommodating prayer times or religious holidays, without making religion a central component of training programs.

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The findings from this study underscore the critical role that Training Transfer plays among healthcare workers in government-owned health facilities in Nigeria.

Recommendation

Based on the on the conclusion, the study recommends an improve Training Transfer among healthcare workers in government-owned health facilities in Nigeria. These recommendations aim to address the most critical factors identified, such as Trainer Characteristics, Trainee Characteristics, and Training Design, while also offering suggestions for maintaining other aspects like the Work Environment and minimizing the focus on Religion. This could include providing trainers with advanced training on instructional techniques, motivational strategies, and the latest developments in healthcare practices. Evaluating trainers' performance and gathering trainee feedback can also help ensure trainers are consistently effective. Tailor Training to Trainee Characteristics: Healthcare organizations should ensure that training programs are aligned with the individual characteristics of their workforce, such as motivation levels, readiness to learn, and professional experience. Pre-training assessments can be used to customize training approaches for different groups, ensuring that training is both relevant and engaging for all participants.

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