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An Analysis of The Barriers of Introducing Training Program to The Minor Staff of The Local Government Ayurveda Centers in Sri Lanka

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Abstract

Training is the activity to enhance an employee's current skills for his or her present job. As technology changes, training is necessary to keep pace with these changes. Training and development is defined as a process of developing work-related knowledge and skills in employees for the purpose of improving performance systematically.

The main aim of this study is to study the barriers to introducing training programs to the minor staff of Ayurveda centers in local government. Employees working in Ayurveda centers belonging to Colombo, Kalutara and Gampaha areas in Western Province were selected as the sample. According to Gary Anderson chart 79 minor staff members were selected randomly and data were collected by administering a 52-question questionnaire. SPSS 16 statistical analyzing software and Pearson's Correlation test was used to analyze the data.

There are six main barriers were identified to introducing training program to the minor staff. Among the six barriers, Economic and political context (54.4%) was identified as the main barrier, and Innovation (3.8%) as the least barrier. The other three fractions (Individual knowledge - 10.1%, Patient characteristics - 2.5% Social context - 16.5%, Organizational context - 12.7%.) were normally affected. Also revealed that there was strong positive relationship between Innovation ($p=0.765$; whereas $p<0.01$), a moderately positive relationship between Individual knowledge ($p=0.542$; whereas $p<0.01$), a weakly positive relationship between Patient characteristics ($p=0.340$; whereas $p<0.01$), a weakly positive relationship between Indigenous social context ($p=0.353$; whereas $p<0.01$), no relationship between Organizational context ($p=0.161$; whereas $p<0.05$), no relationship between Economic & political context ($p=0.002$; whereas $p<0.05$).

Keywords: Human resource management, Innovation, Patient characteristics, Organizational context, Economic & political context.

Introduction

Human Resource Development is focused on improving job Performance and growth of the employee (Ani, *et al.*, 2006). Training, education, and development are three distinct components of Human Resource Development. Many HRD professionals use these term interchangeably, but each has a distinct purpose in improving performance and expanding the growth of employees (Colquitt, *et al.*, 2000). Training is the activity to enhance an employee's current skills for his or her present job. As technology changes, training is necessary to keep pace with these changes. Education prepares an individual for a future job and enables an employee to gain skills for a future job and /or promotion within the company. Development of an employee refers to individual growth for the employee but is not tied to any specific current or future job. Some fundamental problems and barriers in order to have integrated training programs for the staff and workers are as follows: high expenses of construction training courses, financial problems, short-term contracts of the workers, large number and various types of construction learning points, low level of labor education, lack of incentive among the workers for training, inadequate relations between the contractor or client and the labor, little attention from the client on the importance of skilled labor in projects, and time-consuming. On the other hand, some of the barriers in training labor referred to the personal problems of the labor themselves (Wei-Tao, 2006). The

barriers are categorized as external (first-order) or internal (second order). first order barriers include lack of equipment, unreliability of equipment, and lack of technical. Support and other resource-related issues. Second-order barriers include both school level factors, such as organizational culture and teacher level factors, such as beliefs about teaching and technology and openness to change.

Significant and Justification

These days' local government Ayurveda doctors are facing many difficulties, because the staff in the centers have not enough knowledge and skill. Lack of knowledge cause to lack of training program. In this research study the barriers that affected to introduce training programs to the minor staff. After analysis the barriers overcoming the barriers introducing many types of training program and update the staff knowledge.

Aims and Objectives

1. To find out the barriers of introducing effective training program.
2. To find out the exciting behavior patterns of minor staff of the Ayurveda centers.
3. To find out the relationship between minor staff behavior and productivity Ayurveda centers.

Methodology

Populations select from Local government Ayurvedic centers in Western province. Employees working in Ayurveda centers belonging to Colombo, Kalutara and Gampaha areas of Western Province were selected as the sample for the study. According to Gary Anderson chart 79 minor staff members were selected randomly. Data was collected by administering a 52-question questionnaire. Pearson's Correlation of SPSS 16 statistical analyzing software was used to analyze the data.

Observation and Results

There are six barriers were identified as Innovation, individual professional, patient characteristic, social context, Organizational context, Economic and political context to introducing training program to the minor staff.

Among 79 respondents 50.6% were from Gampaha, 26.6% were from Colombo and 18 22.8% were from Kaluthara. The majority of respondents were 69.6% in the age group of 33 – 55 years. Below age 32 years were 30.4%. Among all the respondents 57% were laborers, 40.5% were Pharmacists and 2.5% belonged to other categories. The majority of the respondents were unmarried 67.1% while 21.5% were married. 65.8% educated up to GCE O/L and 34.2% educated up to GCE A/L. Considering those who know computer technology and English language, 65.8% percentage had an average level of knowledge and 34.2% had good knowledge. 67.1% of the participants knew about Ayurveda, 25.3% knew ethics, 5.1% knew about computer technology, and 2.5% knew English language.

Among 79 respondents 1.3% were strongly agreed and 78.5% were agreed, 16.5% were neutral, 3.8% were disagreed, no one was strongly disagreed with the statements related to the Innovation. Among 79 respondents 79 respondents 8.9% were strongly agreed and 60.8% were agreed, 24.1% were neutral. 6.3% were disagreed and no one was strongly disagreed with the statements related to Individual knowledge. Among 79 respondents 8.9% were

strongly agreed, 53.2% were agreed, 26.6% were neutral, and 11.4% were disagreed with the statements related to patient characteristics. Among 79 respondents 20.3% were strongly agreed, 72.2% were agreed, 7.6% were neutral and No one was disagreed or strongly disagreed with the statements related to social context. Among the 79 respondents 92.4% were agreed, 7.6% were neutral, No one was disagreed or strongly disagreed with the statements related to Indigenous Organizational Context. Among 79 respondents 12.7% were strongly agreed were 15.2% were agreed, 72.2% were neutral and no one disagreed or strongly disagreed with the statements related to Economic and political context.

Among the six barriers, Economic and political context (54.4%) was identified as the main barrier, and Innovation (3.8%) as the least barrier. The other three fractions (Individual knowledge - 10.1%, Patient characteristics - 2.5% Social context - 16.5%, Organizational context - 12.7 %,) were normally affected. Also revealed that there was strong positive relationship between Innovation ($p=0.765$; whereas $p<0.01$), a moderately positive relationship between Individual knowledge ($p=0.542$; whereas $p<0.01$), a weakly positive relationship between Patient characteristics ($p=0.340$; whereas $p<0.01$), a weakly positive relationship between Indigenous social context ($p=0.353$; whereas $p<0.01$), no relationship between Organizational context ($p=0.161$; whereas $p<0.05$), no relationship between Economic & political context ($p=0.002$; whereas $p<0.05$).

It can be concluded that Innovation was positively related with introducing training programs for minor staff and Individual knowledge, Patient characteristics, Social Context was a positive impact on introducing training program for minor staff. Also, Organizational Context and Economic & Political Context was no impact on training Program for Minor Staff.

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