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Examining The Role of Motivation to Transfer as Mediator between the Individual Factors -- Organizational Factors and Training—Transfer

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ABSTRACT

The issue that was brought to light by "World Health Organisation and Pakistan's Ministry of National Health Services (Regulations and Coordination") served as the impetus for the present research study that was carried out. Protecting frontline healthcare providers who are engaged in the battle against COVID-19 was the objective of a training programme that was developed as part of the "We Care" campaign and subsequently put into action. In the first stage, 100,000 front-line healthcare workers were trained that how to implement personal protective equipment at workplace. In this connection, more than 2000 training sessions were organized throughout the country since for June to December 2020. The trainees were including (doctors, all paramedic's staff and nurses). The training transfer was the extreme important to the effectiveness of training program. The majority of a company's resources are often allocated to training and development programmes, which are intended to foster the acquisition of new skills and developing knowledge. As a result, the purpose of this particular research was to determine whether or not there is a connection between the relevance of individual and organisational characteristics and the function that motivation plays as a mediator in terms of transfer and transfer training. It was decided to implement a new concept of HCM, in which individual and organisational elements would be given priority, and the six subcomponents—self-efficacy, drive to learn, career component, chance to perform, awareness of strategic linage, and accountability—would be given priority in the second order. Nexus to primary data, the data via survey questionnaire was collected from 256 nurse of six general hospitals of Peshawar city. After collection of data, SPSS was used for initial statistical tests, while SEM-PLS was used to test hypotheses. The findings of the most recent research study reveals that both individual factors and organizational factors has significant impact on transfer training. It also shows that motivation to transfer as mediator has significant partial mediation in between the relationship of individual and organizational factors and training transfer. This novelty of the current study is the use of HCM, and use of mediator. The study was limited to only one big city and also restricted to nurse population. In future, other scholars, researchers can cover more cities, can also include more sectors other than health sector. Moreover, other variables such as proactive behavior and proactive personality can use a moderator to enhance the outcomes of training transfer in future.

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1. Introduction

One of the most crucial aspects of every organization's growth is the development of its human resources, since without it, the business would fail. The staff members need to be taught in the new skills, and as a consequence, they need to strengthen the abilities they already have.

According to Husys (2018), training is an essential component of the performance management plan of every organization. Transfer training in employees may be prejudiced by a variety of factors, as well as human qualities such as opportunity to perform, strategic linkages, desire to learn, and cognitive ability. In addition, there are a variety of additional factors that have the potential to influence transfer training (Gegenfurtner, Veermans, Festner, & Gruber, 2009). The extent to which an employee is interested in expanding their skill set is a significant aspect that may play a part in the transfer training that they get. When employees have the drive to better themselves, they are more likely to actively engage in training and to put what they have learned into practice in their workplaces. This is because workers who have the desire to develop themselves are more likely to improve themselves. Conferring to the results of the study that was carried out by (Gegenfurtner et al., 2009), there is an encouraging association amongst the level of motivation felt by employees and the level of transfer performance.

According to a report, businesses in all regions of the globe invested a significant amount of money on the education and advancement of their workforce. In light of this, the United States will have spent 40 to 42.40 USD in 2022 as an effort to improve awareness, assistances, and abilities. According to Jain, Sharma, & Shrivastava (2021), managers should take into consideration the significance of collaboration between themselves and their subordinates, and they should guide the efforts of all workers towards achieving the organization's objectives. This will allow managers to achieve the level of organizational efficiency that is required. According to Khan and Ismail (2017), it is essential to make investments in the training and development of workers in order to guarantee that workers will be able to do their duties effectively. Companies invest in training and development programs for their employees with the assumption that these programmed would have a positive impact on the overall productivity of the company (Shen & Tang, 2018).

Training transfer, as defined by Velada and Caetano (2007), is the extent to which participants in a training program take what they've learnt and use it to make changes in their everyday lives and at work. [Insert citation here] When participants take what they've learned in a training program and immediately put it to use in their jobs, this is known as training transfer. It is possible for individual factors, such as the desire to relocate, could significantly affect the number of hours workers spend on transfer training. When businesses have a better understanding of these components, they are better equipped to create and run training programs that effectively encourage learners to apply their classroom knowledge to real-world situations. This is so because the goals of these courses are to facilitate the implementation of classroom knowledge in the workplace.

1.1. Problem Statement

New coronavirus SARS-CoV-2 has been linked to a recent respiratory illness epidemic, and concerns about COVID-19 continue to mount. Frontline healthcare professionals in Pakistan are at a greater hazard of diminishing COVID-19 due to the nature of their employment. COVID-19 patients and non-COVID patients both get treatment from medical experts such physicians, nurses, and EMTs at healthcare facilities (Hafeez, Kumar, Ahmed, & Ul Haq, 2022). Protecting frontline healthcare workers fighting the spread of COVID-19 in Pakistan, the “World Health Organization and the Ministry of National Health Services (Regulations and Coordination” have launched the "We Care" campaign (Hafeez et al., 2022). One hundred thousand frontline healthcare workers were slated to get training on PPE use and application as part of the plan. Over 100,000 frontline healthcare workers received instruction on the proper use of personal protective equipment (PPE) at one of the two thousand training sessions place at various locations around the nation between May and December in the year 2020.

A total of 100,000 frontline healthcare practitioners throughout the training took place between May to December-2020 and consisted of around 2000 separate sessions, each of which had an average of fifty participants. According to the latest investigation, hospitals are losing their ability to properly and meritoriously transmit training. But it's obvious that every company wants to increase its access to highly educated workers (Christiana, James, & Battista, 2017). The challenge now is figuring out how to effectively translate that instruction into a training environment. The research claims that just 10% of the ROI from training and development has been communicated (Brown, 2005).

Learning during training and forgetting after training constitute the fundamental features of the human cognitive process, as shown by the research of Thalheimer (2006). Numerous studies show that only 20% of all learning is actually transmitted, and that this percentage is declining. Over 10% of training, according to Ho's (1999) research, transfers to the workplace. The goal of this research is to determine the obstacles that prevent proper training from being transferred across hospitals. Individual aspects, such as self-efficacy, learning preparedness, and career component, as well as organizational factors, were investigated. Thus, the motivation to move is a moderating factor. The lack of a conducive work environment and motivational factors, such as management rewards for efficient training transfer, was examined.

1.2. Study Objectives

This section has gone through a few of the objectives that the study is trying to accomplish.

- To find out the influence of individual—factors on transfer training of Nurses of Peshawar—city.
- To ascertain the impact of organization—factors on training transfer of Nurses of Peshawar—city.
- To study the mediating act of motivation to transfer amongst individual—features and transfer training of nurses.
- To assess the mediating act of motivation to transfer amongst individual—features and transfer training of nurses.

1.3. Significance of the study

Significance of the study signifies how the study will contribute to the literature, society and knowledge. The current research study is significant as individual and organizational factors related with transfer of training and motivation to learn for the first time in hospital industry of KP, Pakistan. This study will subsidize to the policy makers, trainers and those who are taking interest to work further in the area of motivation to learn and transfer if training.

2. Literature Review

Training is a critical HRM activity, according to Albrecht et al. (2015) and Shantzetal (2016), since it promotes employee passion for their employment and the favorable results that follow. This is accomplished via organizational support and employee work needs in the employee's job duties.

According to Goldstein and Ford (2002), after training is complete, the material is then transmitted in the workplace. It is the process of putting newly acquired skills, knowledge, and attitudes to use on the work and continuing to sustain those changes through time. Training has to be able to fulfil two conditions in order for it to be transferable: first, it needs to be able to generalize; second, it needs to be able to retain new knowledge, skills, and attitudes. The word "generalization" describes how much someone utilizes newly acquired information (Baldwin, Magjuka, & Loher, 1991), abilities, and attitudes in their professional setting (Blume et al., 2010). The term "maintenance" has been in use for a very long time to represent the process of continuing to put newly learned talents, knowledge, and perspectives to use.

According to Tai (2006), learners may not get the full benefits from training programs if motivation is not taken into consideration, which demonstrates that motivation is essential for ensuring that training is as effective as possible. According to research carried out by (Colquitt, LePine, & Noe, 2000), even though trainees are capable of learning the information that is presented during training courses, this does not guarantee that they would profit from the training (Colquitt, 2000, together with others).

2.1. Individual and Organizational Factors

Training According to Blau (1985), a person's level of professional commitment may be defined as the amount to which they communicate their passion to their job and their desire to follow a certain career route. The vast majority of employees are intent on climbing the corporate ladder and have a crystal clear vision of where they want their careers to go. When it comes to training sessions, employees who are eager to share their knowledge and expertise are more likely to be those who are driven to advance their careers.

According to Ford, Quiñones, Sego, and Sorra (1992), a person's capacity to function may be described by the extent to which they possess relevant knowledge and talents that can be utilized at their place of employment. All relevant training experiences are included in the trainee's chance to perform, according to (Ford et al., 1992) and Na-nan, Chaiprasit, and Pukkeeree (2017). It is possible that a trainee's grasp of self-efficacy, and career components will determine whether or not they are able to integrate the training skills they have obtained with the organizational strategic objectives. Burke and Hutchins (2007) found that very little study has been done to investigate the connection between being aware of motivation to learn and having a desire to transfer training.

One of the meta-analysis examined the relationship between motivation and training transfer using 104 studies from various fields. The results showed that motivation had a significantly positive influence on the transfer of training, and this effect was greater when both the training and the transfer task were complicated. This effect was also larger when the training was more difficult or when the transfer task was more similar to the training task (Jiang, 2022). The first and third hypothesis have been confirmed in light of the debates.

H_1: Factors associated with Individuals has substantial impact on transfer training of nurses.

H_3: The association between individual factors and transfer training nurses is mediated by transfer motivation.

According to Kontoghiorghes (2001), the organizational factors Accountability, for example, relates to the extent to which an organization and its management keep trainees responsible for using the skills and knowledge they received via training in their everyday jobs. In their article from 2009, Burke and Saks argue that students should be held accountable for their behavior while they are on the job. When workers have successfully completed training, they are motivated to put the skills and acquaintance they have gained to use for the benefit of the company. The preparedness of the trainees to transfer will improve if they have a greater sense of personal responsibility. According to Schlenker (1997), there is a correlation between trainees who feel empowered to accept responsibility for their own learning and an increased likelihood that they would use their newly acquired skills on the job.

A study was conducted with the aim to investigate the link between a person's learning orientation (the degree to which they put a priority on learning and development) and the transmission of training based on individual and organizational factors. The term "training transfer" refers to the degree to which an individual places a premium on learning and growth. According to the results, having a learning orientation had a positive influence on the transfer of training, and the intensity of a person's desire to learn was shown to be a key factor in determining the strength of this effect (Salas, Tannenbaum, Kraiger, & Smith-Jentsch, 2012). Based on above discussion, 2nd and 4th hypotheses have been established.

H_2: Factors associated with organization has substantial impact on transfer training of nurses

H_4: Motivation to transfer mediates the influence of organizational factors on nurses' transfer training.

3. Methodology

A research design is a scheme to arrange an empirical investigation to attain the objectives of research. Research design summaries an organized technique for managing a study. The current research study is based on research onion model by Saunders et al., (2009). The research onion is composed of six layers. Each layer provides step by step way out to conduct an empirical study.

3.1. Research Onion Model

The research philosophy constitutes the first layer of the onion model. In this particular investigation, the positivist worldview served as the guiding conceptual framework. The deductive examination of theories and hypotheses constitutes the second level of analysis, which focuses on the topic. The third layer demonstrates the technique that was selected. As was previously mentioned, the research was conducted using a deductive technique, which was then

combined with a quantitative approach. As the quantitative approach of choice for the single technique, a survey strategy was used. To satisfy the prerequisite for the unit of analysis, each member of the nursing staff was offered the opportunity to participate as an individual. For the purpose of visiting the target population or sample, a cross-sectional time horizon was selected. And as a result, the adopted questionnaire was sent out to the individuals who would make up the sample size.

Figure 1: Conceptual Model

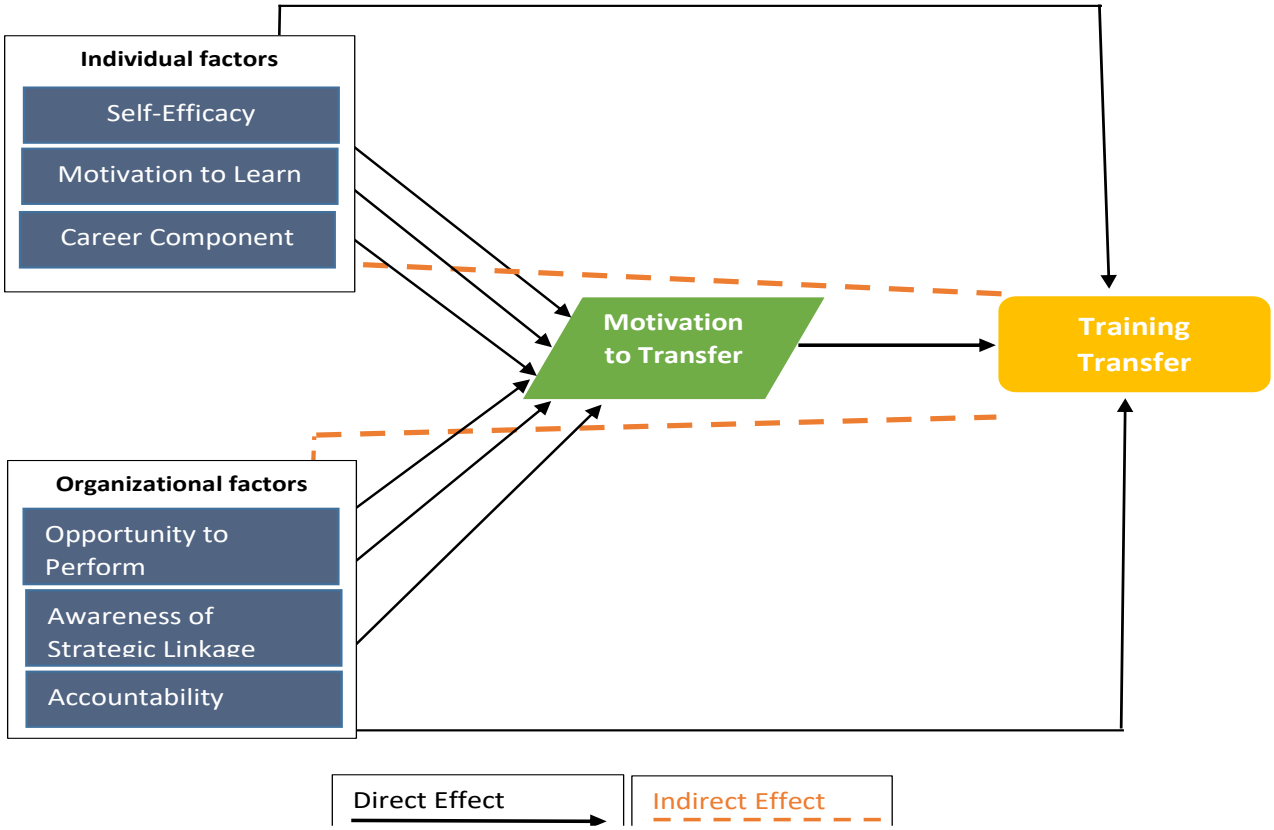
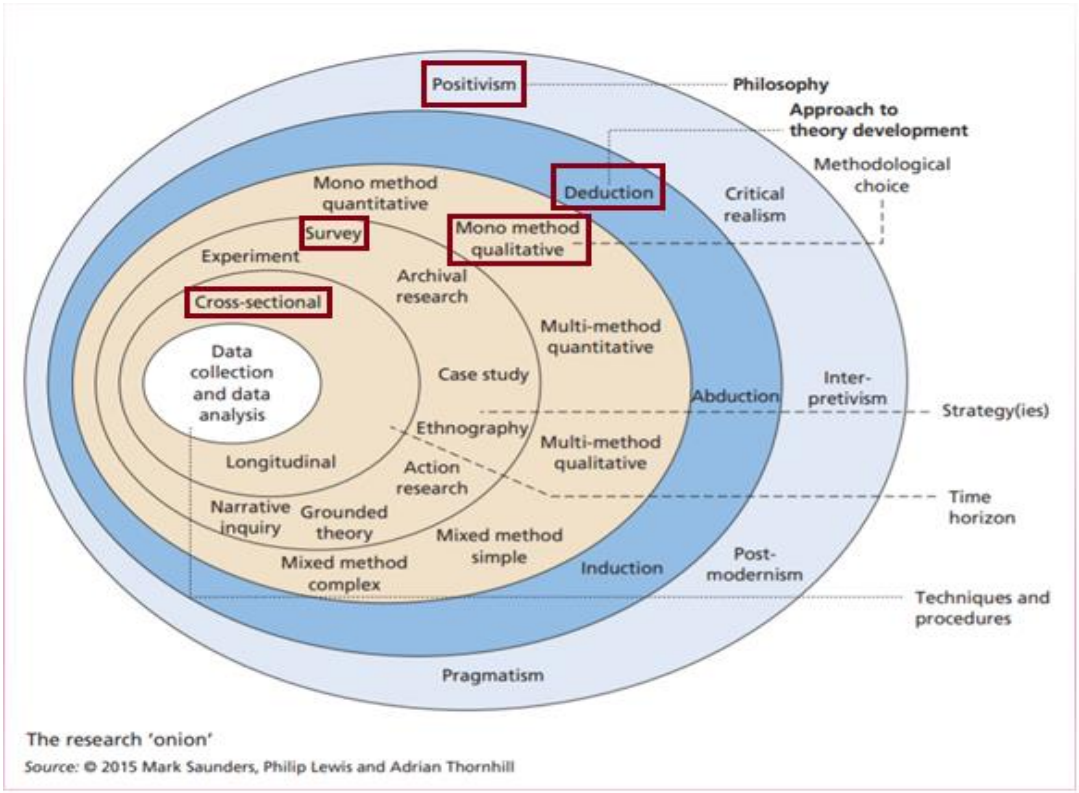


Figure 2: Onion Model



3.2. Population

Six public sector hospitals/ MTI's have been selected as target population. The number of nurses in six hospitals were 2070. Both male and female nurses are included in the target population.

3.3. Sampling

A sample is the representative part of the total population of six hospitals of Peshawar city. As the nature of the study, a proportional random sampling technique has been adopted. A total 256 sample size from the whole of 2070 has been selected. Below mentioned table 3.1 demonstrated the mechanism applied for extracting proportional sample size from the total of 2070.

Table 1: Proportional Random Sample

1 Hospital	2 Total	3 Male	4 Female	5 In PER%	6 Male In %	7 Female in %	8 Male Nurse	9 Female Nurse	10 Final Sample
LRH	1000	121	879	48	6	42	15	109	124
KTH	083	005	078	04	0	04	01	10	10
HMC	434	044	390	21	2	19	05	48	54
PIC	043	003	040	02	0	02	00	05	5
KCD	320	175	145	15	8	07	22	18	40
IKD	190	065	125	09	3	06	08	15	23
Total	2070	413	1657	100	20	80	51	205	256

As per the table 1, only 6 public sector MTI's has been selected as target population. Both male and females in the six public sector hospitals of Peshawar were found 2070. The column no 1 representing name of each hospital. Accordingly, column 2 is presenting the total number of nurses in each hospital. Similarly, column 3 and 4 are about to the number of male and female's nurses in each hospital. Accordingly, column no 5 representing the calculated result of percentage to find out a proportional sample size from each hospital. Similarly, column no. 6 and 7 are about to the percentage of male and females. Consequently, column no.8 and 9 representing genuine number of male and female's actuality selected as sample of the current research. Lastly, columns no.10 demonstrating the total number of sample from each hospital.

4. Results

As mentioned earlier, the data was collected using proportional random sampling technique from 256 nurse both male and females from six public sector hospitals of Peshawar, KP Pakistan. Regarding statistical analysis, statistical package for social sciences (SPSS) and SEM-PLS (Structural equation modelling) techniques was used. As per requirements, different statistical tests were used to set a dataset for further analysis. These test were including screening of data, measuring missing values, investigating outliers by applying z-score of 3.30 ($p<0.00$) which is the most common practice applied to identity outliers in dataset. The next step was about to test the normality assumption of dataset. A test of Kolmogorov-Smirnov and Shapiro Wilk was applied. There is a threshold set by statisticians, if the p value of the test is below 0.05, the data will be considered as non-normal distributed (Cain et al., 2017). Rendering to Hair et al. (2019), if the data is non-normal distributed, PLS-SEM as non-parametric is the right option to proceed further analysis.

4.1. Assessment of Measurement Model

In structural equation modeling SEM-PLS, two techniques are used to set a research model for further analysis. The first model or we can say a theory is measurement model or theory, and the other is structural model or structural theory. The measure model of SEM-PLS is the first step to set a model.

In this model, two important criterions are set including reliability and validity. In reliability test, a series of different test are performed such as Cronbach Alpha, rho_A, Composite reliability and average variance extraction (AVE). Related to validity confirmation, discriminant validity comprising cross-loadings, Fornell-Larcker criteria and HTMT has been performed to establish a measurement model. Each item loading is tested by applying convergent validity (Hair et al., 2019).

Table 2 representing each item outer-loading in tabulated form. Conferring to the rule of thumb by Hair et al. (2019), each item outer load should be more than 0.708. Some of the item score which was below the threshold were eliminated. In social sciences, if the outer loading of an item is below 0.708 and the value of AVE is above 0.5, the item should remain in dataset (Ramayah et al., 2018).

Table 2: Outer Loading of Items

	AC	CC	ML	MT	OP	SE	SL	TT
AC1	0.798							
AC2	0.639							
AC3	0.848							
CC1		0.792						
CC2		0.897						
CC3		0.823						
ML1			0.828					
ML2			0.804					
ML3			0.808					
MT1				0.879				
MT2				0.813				
MT3				0.822				
MT4				0.791				
OP1					0.838			
OP2					0.916			
OP3					0.88			
SE1						0.824		
SE2						0.848		
SE3						0.746		
SL1							0.834	
SL2							0.874	
SL3							0.858	
TT1								0.698
TT3								0.784
TT4								0.799
TT5								0.68

4.2. Convergent validity

The next step after establishment of out loadings is the measurement of convergent validity. In SEM-PLS, convergent validity is also called average of variance extracted (AVE). The threshold for AVE is set by statistician is the score of AVE should above 0.5. The below mentioned table 4.3 demonstrating the result of reliability including Cronbach Alpha, composite reliability and AVE.

According to the results, Cronbach Alpha and AVE of accountability are (0.645, 0.588), motivation to learn (0.787, 0.703), motivation to learn (0.749, 0.661), motivation to transfer (0.846, 0.684), opportunity (0.852, 0.772), self-efficacy (0.733, 0.651), strategic linkages (0.817, 0.732), and finally, transfer of training (0.728, 0.55). Both the scores of Cronbach Alpha and AVE are found in between the acceptable range.

Table 3: Convergent validity

	Cronbach's Alpha	rho_A	Composite Reliability	Average Variance Extracted (AVE)
Accountability	0.645	0.671	0.808	0.588
Career Component	0.787	0.793	0.876	0.703
Motivation to Learn	0.749	0.766	0.854	0.661
Motivation to Transfer	0.846	0.86	0.896	0.684
Opportunity	0.852	0.855	0.91	0.772
Self-Efficacy	0.733	0.729	0.848	0.651
Strategic Linkages	0.817	0.819	0.891	0.732
Transfer of Training	0.728	0.741	0.83	0.55

4.3. Discriminant validity

After completion of step 2, the third step is to establish discriminant validity. In this validity, the Fornell Larcker criterion is the important one to establish in first round (Ramayah et al., 20019). Table 4 shows the significant result of Fornell-Larcker criterion.

Table 4: Fornell-Larcker

	Acc	CComp	M-L	M-T	O-P	S-E	S-L	T-T
Accountability	0.767							
Career Component	0.31	0.838						
Motivation to Learn	0.33	0.346	0.813					
Motivation to Transfer	0.461	0.412	0.411	0.827				
Opportunity	0.451	0.368	0.496	0.417	0.879			
Self-Efficacy	0.436	0.425	0.444	0.609	0.524	0.807		
Strategic Linkages	0.747	0.385	0.476	0.595	0.552	0.576	0.855	
Transfer of Training	0.389	0.457	0.424	0.547	0.571	0.643	0.551	0.742

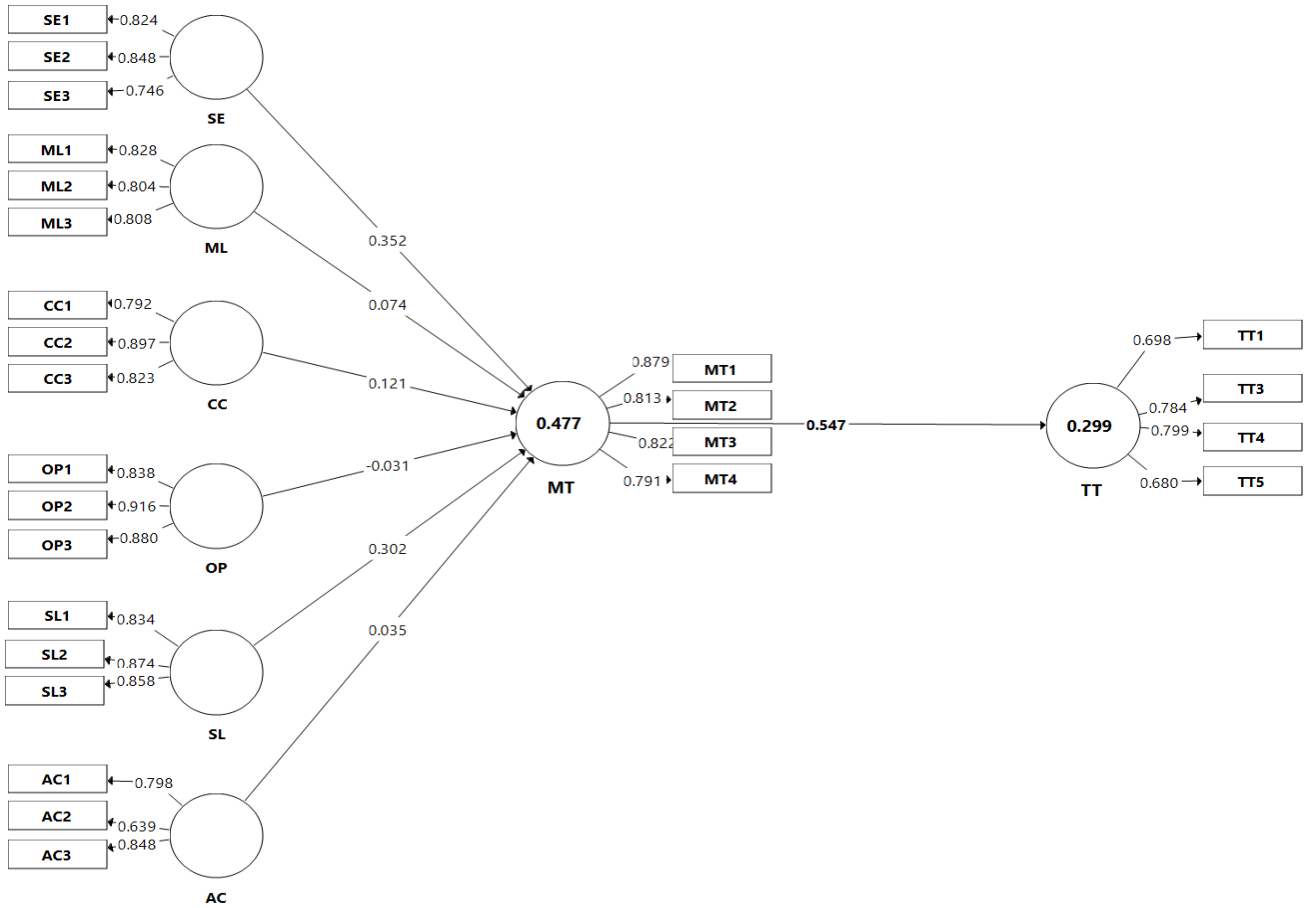
4.3.1. HTMT

Henseler et al. (2015) introduced the concept of 'HTMT" which regulated discriminant validity. According to Henseler (2015) the threshold for HTMT higher value is 0.85 and should not larger than 0.90. Tables 5 demonstrated the result of HTMT for the current study, none of the value is above 0.85 which confirm the establishment of HTMT.

Table 5: HTMT

	AC	CC	ML	MT	OP	SE	SL
Accountability							
Career Component	0.433						
Motivation to Learn	0.465	0.441					
Motivation to Transfer	0.615	0.496	0.501				
Opportunity	0.610	0.447	0.613	0.484			
Self-Efficacy	0.617	0.539	0.570	0.748	0.654		
Strategic Linkages	8.834	0.481	0.607	0.710	0.662	0.733	
Transfer of Training	0.564	0.598	0.571	0.682	0.718	0.892	0.708

Figure 3: Measurement Model

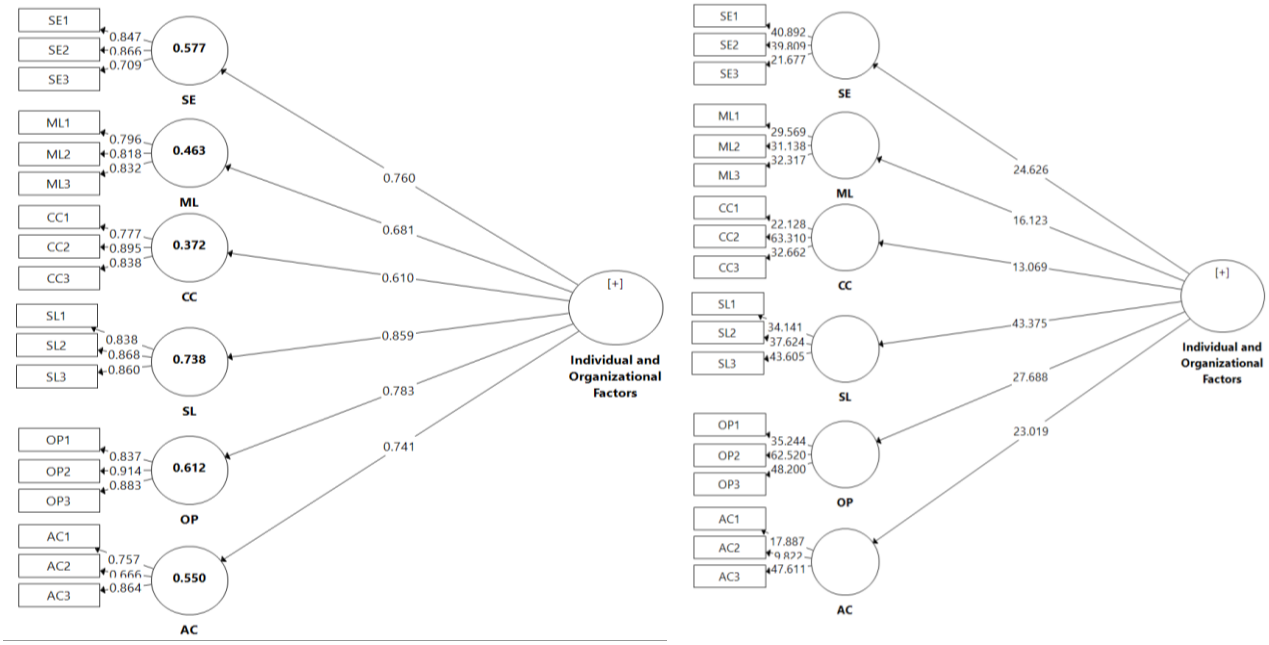


This is the first measurement model which represent independent variables along with the sub-components such as (SE, ML, CC, OP, SL and AC). In the middle, there is a mediator (MT) and finally, the dependent variable (TT).

4.4. Assessment of Higher Order Constructs Measurement and Structural Model

In this study, individual and organizational factor is based on Higher Order Construct (HOC) or Hierarchical Component Model (Hair et al., 2019). The individual and organizational factors with six dimensions including (Self-efficacy, Motivation to learn, Career component, strategic linkages, Opportunity to perform, and Accountability). In HCM, the first order construct also know is first order while the sub dimensions are known as second order (Ringle et al., 2017).

Figure 4



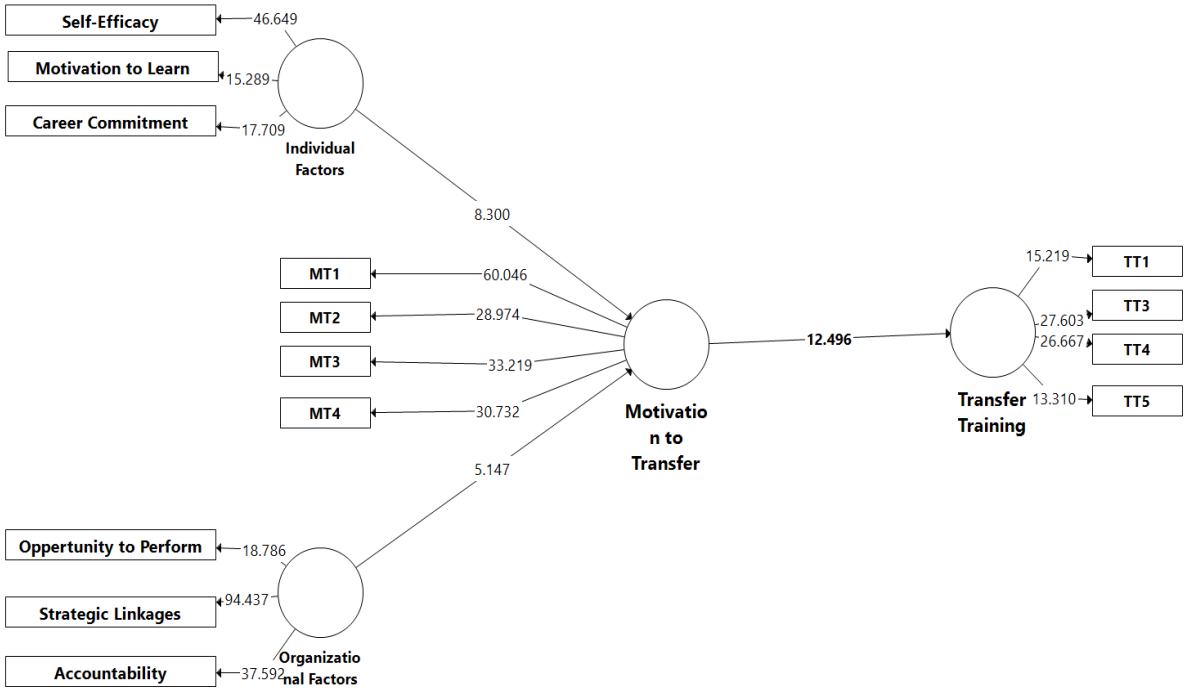
We can see the above two images of higher order model of measurement and structural model. All the sub-components/ 2nd order components are loaded on their first order. The outer loading of all sub-components are above the threshold of 0.708. Accordingly, the structural model is showing t values. All the t values are above the threshold of 1.96, which show that model is good fit.

Table 6: Structural Model of HCM

	Sample Mean (M)	Standard Deviation (STDEV)	T Statistics (|O/STDEV|)	P Values
Individual and Organizational Factors -> AC	0.744	0.032	23.019	0
Individual and Organizational Factors -> CC	0.612	0.047	13.069	0
Individual and Organizational Factors -> ML	0.683	0.042	16.123	0
Individual and Organizational Factors -> OP	0.783	0.028	27.688	0
Individual and Organizational Factors -> SE	0.761	0.031	24.626	0
Individual and Organizational Factors -> SL	0.859	0.02	43.375	0

Table 6 demonstrated the results of structural model of HCM after applying 5000 bootstrapping for individual and organizational factors and its six components. The first row of table 4.6 signifies the result of individual and organisational factors -> AC (β= 0.741, value of t = 23.019, value of p < 0.05); individual and organizational factors -> C-C (β= 0.610, value of t = 13.069, value of p < 0.05); individual and organizational factors -> ML (β= 0.681, t-value = 16.123, p < 0.05); individual and organizational factors -> OP (β= 0.760, t-value = 27.688, p < 0.05); individual and organizational factors -> SE (β= 0.760, value of t = 24.626, value of p < 0.05); individual and organizational factors -> SL (β= 0.859, value of t = 43.375, and value of p < 0.05).

Figure 5: Structural Model



4.5. Structural Model (Mediation Analysis)

In statistical analysis, mediating variable is a used to quantify the sequences of causal relationship between independent variable and dependent variable. In mediation analysis, a mediator plays a role a third variable which can occur in between independent variable and dependent variable (Sobel, 1990). In this study, motivation to learn is a third variable which act as a mediator.

Table 7: (Direct and Indirect hypotheses)

	Original Sample (O)	Standard Deviation (STDEV)	T Statistics (|O/STDEV|)	P Values
Individual Factors -> Motivation to Transfer	0.428	0.052	8.3	0
Individual Factors -> Transfer Training	0.234	0.037	6.412	0
Motivation to Transfer -> Transfer Training	0.547	0.044	12.496	0
Organizational Factors -> Motivation to Transfer	0.3	0.058	5.147	0
Organizational Factors -> Transfer Training	0.164	0.036	4.509	0
Organizational Factors -> Motivation to Transfer -> Transfer Training	0.164	0.036	4.509	0
Individual Factors -> Motivation to Transfer -> Transfer Training	0.234	0.037	6.412	0

The result of direct and indirect effect, simply, direct effect without mediator and with mediator is showing in above table 7. Result demonstrated that individual factor has direct significant effect on motivation to transfer as p value is <0.5; accordingly, individual factor has direct significant effect on transfer of training as p value is <0.5; similarly, motivation to transfer has significant impact on transfer training a p value is <0.5; accordingly, organizational factors has significant impact on motivation to transfer and transfer of training respectively; similarly, indirect effect of motivation to transfer between organizational factors and transfer training has significant and partial mediation as p value is <0.5; and finally, the mediation role of motivation to transfer between individual factors and transfer training has significant impact partial mediation role is found as p value is < 0.5. All the hypotheses of the study found statistically significant and accepted.

4.6. Coefficient of determination

The overall impact of independent variable (s) can be seen by using coefficient of determination R square and adjusted R square. The below mentioned results signifies the regression impact of IV on DV and then the impact of mediator on score of R square.

Table 8: Coefficient of Determination

	R^2	R^2 Adjusted
Individual Factors on transfer of training	0.511	0.500
Organizational Factors on transfer of training	0.265	0.255
Individual and organizational factors on Motivation to Transfer	0.444	0.440
Motivation to transfer on Transfer Training	0.300	0.297

5. Conclusion and Discussion

The quantitative research study was performed with the aim to test the hierarchy model with a new concept of HCM. In first stage, the first and second order model was established. In this process, the individual factors and organizational factors were considered as first order while the other six components were considered as second order of the HCM. A two stage approach has performed to establish HOC (Hair et al., 2019). In this connection, data was collected from 256 nurse of six general hospitals of Peshawar city. After collection of data, SPSS was used for initial statistical tests, while SEM-PLS was used to test hypotheses.

According to the findings of a number of studies, an employee's level of enthusiasm to learn is one of the most important factors that determines how well training is retained. Workers who are driven to learn are more likely to contribute in the training, apply what they consume learned to their occupation, and transfer their learning to the workplace. When workers are encouraged to learn, they are more to be expected to learn. The contemporary result study is consistent with the prior study of Jiang (2022) and the findings of a research that was carried out by Gegenfurtner et al. (2009), motivation to learn and opportunity to perform was shown to have a positive correlation with employee training transfer performance. The present study outcomes are also consistent with the prior study findings of a meta-analysis that was carried out by Colquitt et al. (2000), a person's level of desire to learn is a major predictor of training transfer such as the acquisition of information and skills as well as the transfer of training Ho (2001).

The research also revealed that the association between desire to learn and transfer intention was mediated by the motivation to learn which another finding that supported this hypothesis was. The result of this study is consistent with the prior study of (Salas et al., 2023). The consequence of the present research study reveals that both individual—factors and organizational—factors has significant impact on transfer training. It also shows that motivation to transfer as mediator has significant partial mediation in between the relationship of individual and organizational factors and training transfer.

5.1. Implications and Future Directions

This research was first conceived with the intention of developing and validating a conceptual model of HCM along with its constituent parts. The outcome made it abundantly evident that the quality of transfer training may be significantly improved by focusing on a combination of human and organizational elements. The findings indicate that a change of only one unit may affect the transfer of training by anywhere between 40 and 50 percent owing to individual and organizational variables. In addition, the mediating function of desire to transfer is a developing variable that has the potential to play its best role in between IV and DV. This new aspect of the study is the utilization of HCM, as well as the utilization of mediator. The research was confined to just participants who worked as nurses and was only conducted in a single major metropolis. In the future, additional academics and researchers will be able to cover a greater number of cities and include a greater number of fields, in addition to the health sector. In addition, additional factors, such as proactive behavior and proactive personality, have the potential to work as moderators in order to improve the results of training transfer in the near future.

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