The effect of the employee perceived training on job satisfaction: the mediating role of workplace stress

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Abstract

Purpose – This study aims to mediate the impact of workplace stress and job satisfaction on nurses' perception of training. It sheds light on the links between job satisfaction, Certified Nursing Assistants' perception of training and workplace stress in nursing homes.

Design/methodology/approach – A cross-sectional questionnaire was distributed in 12 different elderly home care centres in Northern Cyprus during September to October 2017. The sampling frame consists of 317 full-time Certified Nursing Assistants who completed measures of perception of training, job satisfaction and workplace stress. This paper used structural equation modelling to test a theoretical model and hypothesis.

Findings – The findings emphasize that Certified Nursing Assistants' perception of training has a positive impact on their job satisfaction and negative impact on workplace stress while workplace stress mediates the relationship between their perception of training and job satisfaction. The results indicate that while the motivation for training and support for training have an effect on job satisfaction, access to training and benefits for training do not yield any significant impact on it and workplace stress plays a mediating role.

Originality/value – This study confirms that the CNAs' perception of training and job stress affect the emergence of job satisfaction, and workplace stress mediated the relation between training and satisfaction posited by social exchange theory.

Keywords Training, Structural equation model, Satisfaction, Stress, Certified nursing assistant, Workplace stress, Job satisfaction, Mediation, Structural equation modelling

Paper type Research paper

Impact Statement: Perception of training contributes to predicting job satisfaction among Certified Nursing Assistants' in Northern Cyprus mediated by workplace stress.

Introduction

At such a time, characterised by continual change as well as the complex and uncertain future of the environment, employees and managers are aware of their restricted capacities to meet the future demands made of them (Sahinidis and Bouris, 2008). As the world is constantly changing, organizations also have to adapt and evolve simultaneously, especially in terms of talent management. Focusing on human resource management (HRM) investments shows that an organization must prioritize and value human development. In return, its employees will be dedicated to contributing to maintaining organizational

stability (Kassim and Mokhberb, 2015). The capabilities of human capital are recognised as being one of an organization's most precious assets. Without effective human capital, the strategic and operational side of an organization will be incomplete and may lead to institutional collapse (Noe *et al.*, 2012). Nowadays, more organizations are using human capital as a competitive advantage over their competitors (Sanders *et al.*, 2014). Hence, one of the major challenges confronting human resource revolves around how to retain proficient employees, as such employees have multiple options in the global market (Harris *et al.*, 2007). Researchers found that it is important to provide continuous training and development and support by their managers to the employees. If employees perceive that the organization provides them benefits, this will motivate them to reciprocate by showing that they are committed to remaining with the organization in the future (Liao, 2011).

From the managerial perspective, the rapidly evolving environment in the global market has increased the awareness of managers regarding the significance of having highly competent employees in terms of achieving the organizational objectives. Certain researchers regard human resource practices as being "hygiene" factors (Alshmemri *et al.*, 2017), or matters pertaining to staff maintenance, whereas others have proposed that the primary source used to achieve a competitive advantage is human resources (Guest, 2002; Davenport, 2006; Waterman and Peters, 1982). While studies on this topic in the literature have valuable information on the relation between HR practices and job satisfaction, in addition to the association between job satisfaction and performance (Bowling, 2007), few researchers have specifically focused on the relationship among perceived training, job satisfaction and workplace stress. Moreover, a few researchers address the idea that a large workload for employees causes stress in the workplace (Karantzas *et al.*, 2012), and multiple studies mention that those workloads and high stress levels might be relevant to the lack of training (Chenoweth *et al.*, 2010; Iliffe, 2004).

The definition of training adopted in this study is "the planned intervention that is designed to enhance the determinants of individual job performance" (Chiaburu and Tekleab, 2005, p. 29). Training is associated with the skills determined to be required by the organization's managers, which organizational members must acquire, to increase the likelihood that its objectives will be achieved. From the perceived employee training perspective, employees are offered training, which could assist with making them less anxious or frustrated when confronted with tasks with which they have limited familiarity and have insufficient skills to deal with properly (Chen *et al.*, 2004). If employees believe that they are not sufficiently competent to perform a task, it increases the probability that they will seek other employment (Chen *et al.*, 2004), or if they decide to remain, they will not exhibit optimal productivity (Kanelopoulos and Akrivos, 2006). As the discrepancy between the skills necessary and those possessed by employees increases, this reduces their satisfaction in the job and enhances the possibility that they will plan to leave. While a direct correlation between training and job satisfaction has not been established in the literature, Rowden (2002) and Rowden and Conine (2005) suggested that training could be used as a means to enhance job satisfaction.

Workplace stress is also a topic that has been extensively researched in the literature on organizational behaviour, which has provided numerous perspectives, theories and models. However, there have been no studies on the mediating role that workplace stress plays between employee perceived training and job satisfaction. Workplace stress is a key factor in threatening today's organizational life (Kinman and Jones, 2005). In the organizational context, workplace stress reduces job satisfaction and can negatively impact different organizational, motivational and social factors. Employees, who have workplace stress, face problems in structural, cultural and social dimensions of the organization (Klassen and Chiu, 2010). However, the use of an appropriate training might reduce organizational problems of

employees about workplace stress, and this can decrease their job stress and also help improve their mental health along with organizational effectiveness. Owing to lack of training, employees working stress might increase and they cannot be able to cope effectively with stressful positions in the workplace. This causes complexity and creates stressful situations, especially for nurses. Therefore, it is important to investigate problems (lack of skills) which cause workplace stress and improve them with continuous training.

This study makes two main contributions to the literature. First, it explores how employee perceptions of training strengthen the elderly home care organizations and create positive outcomes for aged care workers. Second, in spite of various studies on the connection between training and its effects, there is still a gap considering employee perceived training and its relation to job satisfaction and workplace stress. Thus, this study resolves this deficiency in the literature by investigating how the workplace stress of workers in care homes can be increased and their job satisfaction improved via training. This study expands on extent research on the advantages of employee perception of training and offers a novel theoretical insight on how it is possible to enhance the job satisfaction of aged care providers by reducing their workplace stress.

The paper has the following structure. First, we conduct an evaluation of the conceptual foundation of organizational training, focusing on both its positive results and how it impacts stress. Subsequently, we present our model and methodology. Lastly, the empirical results and key contributions of the research are presented, along with a discussion on managerial implications.

Conceptual framework
Organizational training
The view that employees represent one of the most significant assets in the improvement of an organization's efficiency and in the continuation of its competitive advantage has been a crucial starting point for effectively managing human resources (Guest, 2002). In HRM practices, training is one of the most significant factors concerning productivity, and it has been observed that companies that provide their employees with good training display higher productivity levels (Aw and Tan, 1995; Tan and Batra, 1995). Many theoretical and empirical studies confirm that human capital is the most significant factor that provides the basic direction of a sustainable competitive advantage (Barney, 1991, 2001). As there are competitive environments for institutions in today's world, organizations are pushed to increase their innovation to sustain their competitive position. On the other hand, the main capital to achieve the organizational aims and objectives – employees – is still underestimated (Kanter, 2006). Employees' knowledge and skills have started to become significant for enhancing organizations' competitiveness, productivity and innovation (Lawler et al., 1998; Martocchio and Baldwin, 1997). Other studies explain training as the process of systematically acquiring and improving attitudes, knowledge and talents, which employees fundamentally require to increase their job satisfaction in their workplace (Hanaysha and Tahir, 2016). Chen et al. (2004) state that training is a specific factor that assists in reducing the fears or frustrations of employees owing to excessive job demands, insufficient skills or limited knowledge to address the task effectively.

Multiple researchers have emphasized the significance of diversifying employee opportunities, as this subsequently allows organizations to take advantage of a variety of different learning outcomes (Watkins and Marsick, 1993; Raelin, 2000). Categories have been developed to assist with conceptualizing and planning diverse training opportunities, which can be either formal or informal. Training can also be conducted individually (e.g. via observation or job tasks) or in groups (e.g. coaching and team meetings). Rosen et al. (2008)

and Weaver *et al.* (2014) determined that training based on simulation seems to have potential for instructing teamwork abilities as well as for enhancing health-care practices that are safe and effective. According to the recommendations of different agencies and authorities, the types of training offered should match the requirements of the particular working groups (Beech and Leather, 2006). The Royal College of Nursing (Royal College of Nursing, 1998, p. 9) proposed that employers should provide "appropriate training and education for their staff [. . .] commensurate with the degree of risk they face." Nevertheless, this study concentrated on the perceptions of employees regarding training from the perspective of HRM instead of evaluating the perceptions of employees participating in different kinds of training as well as how such perceptions impact organizational outcomes.

This study structured organizational training as a multidimensional structure comprising four sub-dimensions. First, the support for training states the inspiration of employees by supervisors to engage in training programs (Noe and Wilk, 1993). Second, motivation for training indicates the employees' perception of and partaking level in the training provided by organizations (Mathieu *et al.*, 1992). Third, access to training refers to the possibility to access training opportunities for employees (Newman *et al.*, 2011). Fourth, the benefits from training determine how employees perceive training activities while participating in training programmes (Bartlett, 2001).

Previous research points out the relationship of training and job satisfaction as one of its main consequences (Bartlett, 2001; Schmidt, 2007) and supports the theory that education is associated with job satisfaction (Sahinidis and Bouris, 2008). However, a further, precise investigation into which mechanisms of HRM practices affect employees' outcomes is needed (Innocenti *et al.*, 2011). This study explores a new way of evaluating training outcomes by addressing the relationship among education, job satisfaction and workplace stress based on aged care workers. The research model is illustrated in Figure 1.

Employee perceived training and job satisfaction
According to the definition proposed by Locke (1976), job satisfaction is "either a pleasurable or positive emotional state resulting from an appraisal of one's job or job
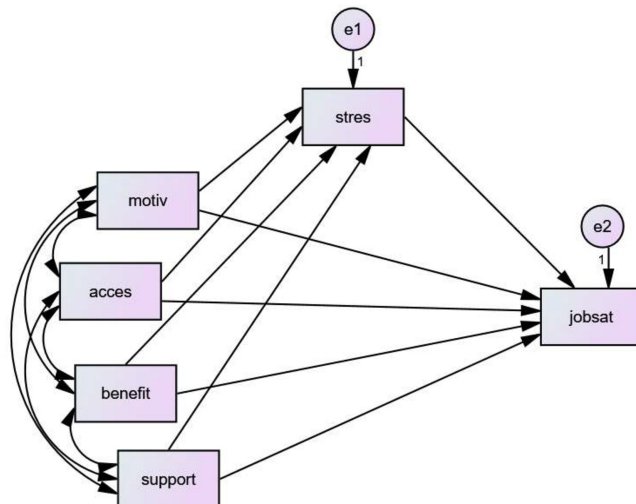

Figure 1.
Research model

experiences." This approach means that, if the organization fulfils the employees' beliefs and desires and fills the individual gaps in their knowledge or skills, they will start to become more satisfied with their organization and job (Jehanzeb *et al.*, 2015). Job satisfaction represents one of the critical problems for many corporations and plays an important role in workplaces. Many researchers who specialize in organizational studies try to identify the reasons behind some employees' satisfaction with their jobs in comparison with others who are not satisfied (Ellickson and Logsdon, 2002).

According to the social exchange theory, when somebody suggests something considerable to another person, a necessity is generated for the other person to respond positively (Adams, 1965; Blau, 1964). Thus, a continuous exchange network is formed that depends on positive emotions and feelings between the members (Chen and Eldridge, 2011; Eisenberger *et al.*, 2001). Exchange relations boost confidence and trust in each other, which can lead to positive work behaviours and increased individual results (Ahmed *et al.*, 2012; Huang *et al.*, 2016). The support of the supervisor is an important factor in determining the sense of reciprocation among employees and has a direct bearing on their attitudes. A key return in employee attitudes is increased job satisfaction (Eisenberger *et al.*, 2001; Paillé *et al.*, 2015; Pepe, 2010).

Prior research findings reveal that HRM practices are related to a considerable extent to organizational results, such as commitment, loyalty and job satisfaction (Atkinson and Lucas, 2013; Kassim and Mokhberb, 2015). Many theoretical and empirical studies find that appropriate training generally facilitates positive attitudes and behaviours (Lee, 2015). Thus, providing employees with access to education will help to increase the satisfaction in the workplace (Edgar and Geare, 2005; Georgellis and Lange, 2007; Jehanzeb *et al.*, 2015; Paré and Tremblay, 2007). Based on Rowden's (2002) perspective, employees who perceive themselves to have enough training usefully can be more satisfied than those who have had no training at all. In spite of that, employees who have insufficient skills and knowledge and have not had adequate training in the workplace are likely to have a lower job satisfaction level (Sahinidis and Bouris, 2008). Depending on the previous research, the following hypothesis is proposed:

H1. Perceived training has a positive effect on job satisfaction.

Employee perceived training and stress

Researchers use a broad variety of theoretical descriptions of stress, which is the case in most constructions of psychology (Hart and Cooper, 2001). Essentially, it is understood from the enforcement of the work environment and then detected as strain within the person. Oosthuizen and Lill (2008, p. 64) claimed that stress is "an adaptive response, mediated by the individual differences and/or psychological processes which place excessive psychological and/or physical demands on a person, that is a consequence of any external (environmental) action, situation, or event." In research conducted in elderly care institutions, the relationship between workplace stress and training perceived by employees remains uninvestigated. Although the main focus of the study is workplace stress as an outcome of training, previous research conducted in different sample groups considers workplace stress as a factor that influences training (Fairbrother and Warn, 2003). However, in this study workplace stress is considered as a factor that is affected by perceived training.

There might be two possible and distinct reasons for the job stress and employee perceived training relation. The first concerns Bandura's self-efficacy concept grounded on social cognitive theory and the second one relates to workloads. Self-efficacy, known as Bandura's (1977) social cognitive theory, is distinguished as "an individual's conviction

about his or her abilities to mobilize the motivation, cognitive resources and courses of action necessary to successfully execute a specific task within a given context" (Stajkovic and Luthans, 1998, p. 66). Self-efficacy convictions mainly influence how persons explicate and comprehend events. Bandura (2012) states that individuals who have low efficacy easily experience futility of effort in difficult challenges; therefore, they are more likely to end their process by experiencing negative stress symptoms. However, Bandura (2007) concludes that individuals whose self-efficacy is higher are able to convince themselves that difficulties can be resolved given adequate effort and competencies. Matsui and Onglatco (1992) find that perceived self-efficacy is influenced by the perception of work overload. This research also demonstrates that female employees whose perception of self-efficacy is lower possibly experience higher degrees of stress when exposed to increased levels of responsibility and work overload than those self-efficacy levels are elevated. According to Gist and Mitchell (1992), task-relevant improvements through training are one of the factors that help to increase self-efficacy, and these improvements can also lead to a decrease in the stress level in the workplace.

Secondly, there are several aspects of working places that can cause stress. Karantzas et al. (2012) mention that stress that occurs in the workplace is especially relevant to the aged care context. Aged care differs from other health-care services regarding the plurality of care receivers' necessities, medical issues and prolonged care needs and the significant level of mortality rates (VonDras et al., 2009). The appearance of work life itself can be stressful, and one of the workplace stressors is known as workloads (Sparks and Cooper, 1999; Taylor et al., 1997). Multiple researchers have identified that disturbing trends in workloads might be relevant to insufficient training and organizational layouts concerning the lowest standard of qualifications in personal care assistants (PCAs). The consequence of reducing PCAs is raised stress levels to maintain effective care following a time-based standard of care with the lowest capability (Chenoweth et al., 2010; Iliffe, 2004). According to the above findings, the following hypothesis is proposed:

H2. Perceived training has a negative impact on workplace stress.

There is a strong connection between job satisfaction and job stress. Their relations are examined by the concept that a sense of job stress in the workplace environment makes employees dissatisfied (Rudolph et al., 2015). Smith and Lazarus (1993, p. 234) propose that individuals constantly scan their surroundings to determine what the implications of their relationship with their surroundings are for their own well-being. Job satisfaction is defined as an interpretation of employees' surroundings; therefore, it is possibly to be expected that a sense of work stress causes a proportional decrease in job satisfaction. Beehr and Newman's (1978) theoretical overview supports the idea that job stress displays an opposite impact on job satisfaction. Recent studies also confirm that a high stress level is related to low job satisfaction (Fairbrother and Warn, 2003). Thus, we hypothesize that:

H3. Workplace stress affects job satisfaction negatively.

Based on these arguments, we postulate that there is a relationship between perceived employee training and job satisfaction and that it is possibly mediated by workplace stress. This mediating role is aligned with Bandura's self-efficacy theory, which is grounded on social cognitive theory (Bandura, 1977) and tries to examine whether individuals with low efficacy who have high workloads and responsibilities easily experience futility of effort and negative stress syndromes in the workplace. According to Klassen and Chiu (2010), stress from poor work situations, such as insufficient training and a heavy workload, decreases the

satisfaction level of employees. Similarly, we evaluate whether the effect of perceived training on job satisfaction can occur owing to work stress, where work stress is considered to be highly correlated with both variables. We examine whether employees' training perceptions can indirectly contribute to satisfaction because they reduce the stress levels in fact caused by talent deficits. Previous research provides evidence that workplace stress plays a mediating role in the relationships of several factors with co-worker support for training (Jehanzeb *et al.*, 2015), intentions to quit (Allisey *et al.*, 2014), organizational citizenship behaviour (Tziner and Sharoni, 2014) and emotional intelligence (Ruiz-Aranda *et al.*, 2014). Thus, the following hypothesis is proposed:

H4. Workplace stress mediates the relation between perceived training and job satisfaction.

Home care background
In general, home care is defined as supportive given by licensed health-care workers within the patient's own home. In research on the topic of home care, a loose definition of the concept is generally provided. According to the definition of the World Health Organization (Knight and Tjassing, 1994, p. 16), home care includes the range of social support and health services offered to patients within their own dwellings. These organised services could be aimed at preventing, delaying or substituting temporary or long-term institutional care. There appears to be a significant diversity in terms of the target population of home care. As the population is becoming older, this will fundamentally change the demographics going forward, whereby the primary users of home care will be the elderly (SBU, 1999). Within Northern Cyprus, municipalities and county councils have a joint responsibility in terms of organizing home care. Medical health care is the responsibility of the county councils, which are predominantly separated into primary and hospital care; on the other hand, the responsibility for long-term care and providing services to patients within their own homes or dedicated facilities like care homes falls to the municipalities.

Caregivers providing round-the-clock care are generally recruited by the municipality to provide one-to-one care every day in situations where family caregivers may or may not be present. If the patient requests, a private firm can assume the responsibility for employing and supervising the caregiver instead of the municipality (Berglund *et al.*, 2005). In previous studies, caregivers providing home care are frequently called paraprofessionals and recognised as carers whose training in healthcare is minimal, who do not belong to a professional group and work in a semi-autonomous manner as directed by professionals (Kubiak and Sandberg, 2011; Wallach and Mueller, 2006). As a result of the growing need for competent caring skills where "hospital care and home care are merging" (DePalma, 2008), paraprofessional caregivers are experiencing new challenges in their working environments (Devlin and McIlfatrick, 2009; McIntyre, 2008). Insufficient training for their duties (Laferriere *et al.*, 1996; Nilsson, 2001), insufficient control when working in the home of the patient, lack of control while working in a patients' home (Soini *et al.*, 2020; Vik and Eide, 2012), as well as reduced status and renumeration (Matthias and Benjamin, 2005) are recognized factors. The situation of the caregivers is made more complex by the home setting as well as organisational frameworks, which can lead to problems associated with stress and increased turnover (Brulin *et al.*, 2000), while potentially causing job satisfaction to be lowered. Thus, the aim of this study is to investigate how insufficient training leads to stress in the workplace and lowers the job satisfaction of nurses.

Methodology

Participants and procedure

The study participants comprised 317 employees from 12 elderly home cares in Northern Cyprus. As aged care workers are treated as a group with many complaints with regards to their lack of training opportunities, they are considered a suitable universe for this study. In total, elderly care homes employ approximately 580 aged care workers in North Cyprus, and the participants were chosen on a random basis. The data provided by the State planning organization included the names, addresses, dates of birth, National Registration Identity Card number and gender of the potential aged care workers. From this list of 580 aged care workers in North Cyprus, a final sampling frame of 328 names was determined by using a stratified random sampling approach. Information was given to the participants about the study purpose, confidentiality, as well as how "employee training" was defined before administering the questionnaires.

On questionnaire distribution, researchers took part personally, and 328 questionnaires were completed (56% respondent rate). After the examination of returned questionnaires, 11 were invalid because of many empty responses. Thus, we used 317 questionnaires in total for further analyses. Of the respondents, 35 were males and 282 were females. The ages of participants ranged from 20 to 60. The most dominant age range is between 31 and 50 (32.1%) with tenure of around 1–2 years.

Measures

We used a five-point Likert scale in which possible responses ranged from totally disagree (1) to totally agree (5), where high scores indicated that the respondents agreed with the statements at a high level. Research scales are given in Appendix 1.

Training perception

Training perception measures followed the scale which is picked up from the three various researches: Bartlett (2001); Noe and Wilk (1993); and Noe and Schmitt (1986). The scale was adapted to measure training perceptions based on four elements: benefits from training, support for training, availability of training and training motivation. Following the study of Noe and Schmitt (1986), three items were adapted for the training motivation scale (2001), three items were chosen for availability of training from Bartlett (2001); for benefits from training, three items were adapted from the study by Noe and Wilk (1993); and lastly, from the studies of Noe and Wilk (1993) and Bartlett (2001). Four items were selected for support for training. The sample items were: "I believe I can improve my skills by participating in training programs," "This organization provides access to training," "Participating in training programs will help my personal development" and "My manager enthusiastically supports my participation in training programs."

Job stress

From the research of House and Rizzo (1972), seven items were taken and adapted to measure the job stress. Examples of the selected items included: "I work under a great deal of tension" and "If I had a different job, my health would probably improve."

Job satisfaction

For job satisfaction, three measurement items were adapted from the Michigan Organizational Assessment Questionnaire (MOAQ; Cook *et al.*, 1981). The sample items

included, "I am satisfied with my current work," "I'm really satisfied with my job" and "Usually, I really enjoy my work."

Reliability and validity

It is good practice in studies of this nature to ensure that the constructs pass appropriate reliability and validity tests. The validity of the scales was verified on the basis of convergent and divergent validity. Indicator reliability (Cronbach's alpha) and internal consistency values were calculated for the purpose of controlling the reliability, the results of which are shown in Table 1.

The average variance extracted (AVE) values of latent variables, as seen on Table 1, are 0.792, 0.922, 0.853, 0.936, 0.848 and 0.941, respectively. Cheung and Wang (2017) state that the latent variable would have convergent validity if the AVE values are not significantly lower than 0.5. The AVE scores indicate significant convergent validity. Values for indicator reliability (Cronbach's alpha) and internal consistency (CR) greater than the lower threshold of 0.7 indicate that the scales are reliable (Hair *et al.*, 2014). The results obtained indicated that variables in the measurement model have validity and reliability.

Construct/variables	Standardized loadings	Cα	AVE	CR
Training perception				
Motivation of training		0.811	0.567	0.792
TM1	0.756			
TM2	0.897			
TM3	0.571			
Access to training		0.942	0.799	0.922
AC1	0.888			
AC2	0.887			
AC3	0.907			
Benefits of training		0.903	0.659	0.853
BT1	0.804			
BT2	0.818			
BT3	0.814			
Support for training		0.941	0.785	0.936
ST1	0.927			
ST2	0.891			
ST3	0.871			
ST4	0.855			
Job stress		0.946	0.450	0.848
JS1	0.658			
JS2	0.608			
JS3	0.736			
JS4	0.823			
JS5	0.585			
JS6	0.732			
JS7	0.505			
Job satisfaction		0.844	0.842	0.941
JT1	0.906			
JT2	0.914			
JT3	0.934			

Table 1.
Validity and reliability of the scales

Common method bias can arise when all the data in a research study are obtained from self-reports, the collection of which is performed at a specific point in time. For this reason, the methods suggested in the literature were used to assess whether common method bias is a potential issue for this research. First, the researchers followed the single-factor test procedure proposed by Harman (1967). Exploratory factor analysis was carried out on the Varimax rotation axis using the maximum likelihood method, and a factor greater than eigenvalue one was generated. The results show that the first factor has a variance of 28.01%, and all three models used in the study have no single factor exceeding 50% of the total variance, according to the variables. However, Podsakoff and Organ (1986) suggested that confirmatory factor analysis (CFA) is another useful tool for detecting common method bias. Besides, the CFA of the measurement model was performed with AMOS 18 software to evaluate the construct validity and determine the modification index values and identify the fit model. The results of the analysis showed the acceptable fit of the measurement model [Minimum discrepancy per degree of freedom (CMIN/DF) = 3.952, goodness-of-fit index (GFI) = 0.88, adjusted goodness-of-fit index (AGFI) = 0.87, normed fit index (NFI) = 0.89, incremental fit index (IFI) = 0.90, comparative fit index (CFI) = 0.90, root mean squared error approximation (RMSEA) = 0.06] while the single factor model had a poor fit (CMIN/df = 13.814; GFI = 0.41, AGFI = 0.50, NFI = 0.34, IFI = 0.52, CFI = 0.53, RMSEA = 0.21) (Byrne, 2013). The steps that were followed and the tests performed show that common method bias is not a serious problem in the current study (Babin *et al.*, 2016) as well as that the measurement model has an acceptable fit.

Findings
Table 2 shows the mean scores, standard deviations and correlations. The average of all study constructs is above the midpoint. Considering the correlation table, it can be observed that the variables are significantly correlated; the sub-dimensions of perceived education and job satisfaction are negatively related to workplace stress.

The research model is tested with a structural equation model using AMOS 18.0 software with the maximum likelihood estimation. On the structural model test, four sub-dimensions of perceived training are treated as independent variables. Job satisfaction is treated as the dependent variable, and workplace stress is drawn as the mediating variable. Path analysis based on the bootstrap method was performed to test the research hypotheses. Recent social science studies have shown that the bootstrap method is a more complex and reliable method for calculating the mediating research models than Baron and Kenny's (1986) method of causal steps (Hayes, 2017). Table 3 shows the results of the analysis.

H1 postulates that employees' perceived training, with the dimensions of support for training, motivation for training, access to training and benefits of training, positively

Variable	Mean	SD	1	2	3	4	5	6
1. Motivation of training	3.74	0.69	–					
2. Access to training	3.26	1.55	0.43**	–				
3. Benefits of training	4.01	1.08	0.42**	0.76**	–			
4. Support for training	3.63	1.37	0.44**	0.88**	0.79**	–		
5. Work stress	2.44	1.35	−43**	−0.89**	−79**	−92**	–	
6. Job satisfaction	3.73	1.19	0.22**	0.70**	0.61**	0.78**	−77**	–

Notes: *$p < 0.10$ **$p < 0.05$

Table 2.
Means, standard deviations and correlations

Hypotheses	Paths	Coefficient	SE	CR	p	LLCI	ULCI
H1	MFT → JS	−0.279	0.099	−2.833	0.005	−0.538	−0.082
	ATT → JS	0.154	0.101	1.523	0.128	−0.114	0.186
	BOT → JS	−0.047	0.102	−0.465	0.642	−0.188	0.215
	SFT → JS	0.684	0.114	6.009	0.000	0.498	0.869
H2	MFT → Stress	−0.166	0.093	−1.718	0.054	−0.255	−0.095
	ATT → Stress	−0.295	0.091	−3.242	0.001	−0.435	−0.180
	BOT → Stress	−0.176	0.095	−1.852	0.051	−0.359	−0.104
	SFT → Stress	−0.293	0.108	−3.024	0.021	−0.626	−0.132
H3	Stress → JS	−0.320	0.103	−3.105	0.002	−0.644	−0.222
H4	*Indirect effect (MFT → Stress → JS)*	−0.211	0.052	–	–	−0.518	−0.072
	Indirect effect (ATT → Stress → JS)	−0.061	0.042	–	–	−0.055	0.168
	Indirect effect (BOT → Stress → JS)	−0.022	0.061	–	–	−0.031	0.144
	Indirect effect (SFT → Stress → JS)	0.321	0.093	–	–	0.255	0.716

Notes: MFT: Motivation for training, JS: Job satisfaction, ATT: Access to training, BOT: Benefits of training, SFT: Support for training

Table 3.
Results of direct and
indirect paths of
bootstrap

affects job satisfaction. As shown in Table 3, motivation for training ($\beta = -0.279$, 95% CI = [−0.538, −0.082], CR = −2.833, $p < 0.05$) negatively, support for training ($\beta = 0.684$, 95% CI = [0.498, 0.869], CR = 6.009, $p < 0.05$) positively affect job satisfaction while access to training ($\beta = 0.154$, 95% CI = [−0.114, 0.186], CR = 1.523, $p > 0.05$) and benefits of training ($\beta = -0.047$, 95% CI = [−0.188, 0.215], CR = −0.465, $p > 0.05$) did not have a significant effect on job satisfaction. Thus, *H1* was partially accepted. This finding means that as the support for training increases and motivation for training decreases, nurses' job satisfaction also increases.

H2 stated that perceived training with the sub-dimensions of support for training, motivation for training, access to training and benefits of training impact workplace stress negatively. Path results in Table 3 show that motivation for training, access to training, benefits of training and support for training have significant adverse effects on workplace stress. Depending on these results, *H2* is fully accepted. Those results indicate that all dimensions of perceived training negatively affect workplace stress and when the perceived training increases, workplace stress decreases.

H3 proposes that workplace stress affects job satisfaction negatively. As shown in Table 3, workplace stress negatively and significantly affects job satisfaction ($\beta = -0.320$, 95% CI = [−0.644, −0.222], CR = −3.105, $p < 0.05$). In the light of this result, *H3* was accepted. This finding means that as the workplace stress increases, nurses' job satisfaction decreases.

H4 suggests that workplace stress plays a mediating role in the relation among perceived training (with the dimensions of support for training, motivation for training, access to training and benefits of training) and job satisfaction. The results shown in Table 3 supporting the notion that workplace stress is a mediator in the relationship between motivation for training ($\beta = -0.211$, 95% CI = [−0.518, −0.072]) and job satisfaction as well as between support for training ($\beta = 0.321$, 95% CI = [0.255, 0.716]) and job satisfaction. It does not have any mediating role on the relationship between access to training ($\beta = -0.061$, 95% CI = [−0.055, 0.168]) and job satisfaction and benefits of training ($\beta =$

−0.022, 95% CI = [−0.031, 0.144]) and job satisfaction. Thus, *H4* is partially accepted. This result indicates that the impacts of motivation for training and support for training on job satisfaction were guided through workplace stress.

Discussion

The aim of this study is to explore the relationship among perceived training and job satisfaction in a mediational model in which workplace stress is addressed as the mediator. The limited research that has been conducted on the relation between employee perceived training and job stress among aged care workers reveals that there is a deficiency in the literature. Unlike previous studies, the current research focuses on the mediating role of workplace stress in the relation between employee perceived training and job satisfaction in terms of aged care workers as well as providing relevant literature that will contribute to managers in the organizational environment.

The correlation analysis results show that each of the employee perceived training variables is positively and significantly correlated with job satisfaction. This finding is consistent with the findings of Bartlett (2001); Jehanzeb *et al.* (2015); and Schmidt (2007). On the other hand, the employee perceived training variables and workplace stress have strong and negative relations. Job satisfaction and workplace stress are also strongly related in the same direction. These findings are similar to the findings of Cummins (1989).

According to the findings of the hierarchical regression analysis, contrary to the expectations, training motivation has a low and negative impact on job satisfaction. This result is quite different from those of different studies, such the findings of Bartlett (2001) and Egan *et al.* (2004). One of the reasons might be the sample of the study. The fact that, in most elderly care homes, training is not conducted on a voluntary basis may cause the training motivation of the employees to be low, and it may affect job satisfaction in a negative way. It is up to the organization or the manager to decide who will attend training programmes. Sometimes, some employees who do not need further training could attend training programmes, whereas others who need training may not. This compulsory attendance may yield low motivation and satisfaction levels, which can negatively affect motivation and satisfaction. It is thought that the reason for training support being the most effective factor in job satisfaction may be the leadership styles displayed in institutions. The fact that the benefits of training are not influential on job satisfaction can be credited to the fact that aged care workers are not able to receive promotions as a result of training or will not have the opportunity to apply the training that they receive in their actual work. However, this finding should be tested in subsequent investigations.

The social exchange theory (Blau, 1964) may provide an explanation for the intermediary role of workplace stress. According to this theory, people see interindividual relations in the context of the benefits that they will obtain and engage in an interaction by comparing what they will gain at the end of the relationship (gain) with the amount of occupation (loss). In this context, when aged care workers are not provided with adequate training access, employees behave in a way in which they consider the social exchange to be harmed, which means that they suffer a loss and display withdrawal behaviour to ensure the balance. This withdrawal behaviour can also occur in the form of negative behaviour such as workplace stress. However, the main effect of the lack of employee perceived training is the increased workplace stress of the individual to complete the social exchange. The employee undergoes a high level of stress to balance the change, which reduces the satisfaction. These attained findings indicate an important point for elderly care home managers. If the worker is not provided with adequate training support within the organization related to the work, this can lead to increased stress and reduced job satisfaction in the long run. At this point strong

training support can be regarded as an important organizational tool in combating workplace stress and promoting satisfaction.

A number of factors could cause the lack of a relation between training benefits, access to training and job satisfaction. First, owing to the limited education programme opportunities in North Cyprus for aged care workers, employees cannot gain enough access to training programmes (i.e. Patient Care Technician certificates). Secondly, aged care worker cannot volunteer to participate in training in Northern Cyprus, and supervisors decide who will participate in programmes. Lastly, the lack of promotion, rewards and payment opportunities may not allow employees to receive benefits from the training programmes. Owing to their inability to access training programs, insufficient opportunities for education and promotions may not affect their job satisfaction.

Managerial implications

The findings of this study offer important implications for managers. One of the essential practices of human resource management is the training and development of employees, and this paper suggests some significant implications for training and development issues within the organization.

First, the literature review suggests that the provision of increased training and education to staff pertaining to illnesses they could be confronted with when performing their duties in the elderly home care environment could positively influence decreasing their tendency to experience stress. Therefore, it is possible to reduce the stress of aged care workers by increasing their knowledge regarding the types of diseases that the elderly frequently experience. In particular, personnel education and training should cover the processes and causes of illnesses linked with elderly patient groups in great detail. The levels of stress of employees can be reduced if they have a greater understanding of the specific condition of the elderly person. Additionally, personnel should be trained on which coping mechanism can be adapted for their roles as caregivers and guidance and support in how they should be applied, because certain coping approaches are seen to promote burnout, whereas others could provide a preventive role.

Secondly, this research confirms that access to training has an insignificant effect on job satisfaction. This agrees with the social exchange theory (Settoon *et al.*, 1996). The findings of this study emphasize the significance for elderly care homes of improving the availability of training opportunities for aged care workers to decrease the negative "work stress" behaviour and increase the job satisfaction level. Elderly care homes should achieve this by publicizing training opportunities to a greater extent and providing managers with support in explaining the availability of training opportunities.

Thirdly, our study indicates that training motivation is negatively related to job satisfaction. This is largely because of the fact that training programs are predominantly mandatory, where participants are chosen by managers. Therefore, staff may hold the belief that they are not sufficiently ready to implement the skills and knowledge they have recently obtained in their work practices. Owing to the complex and challenging nature of the elderly care profession, staff may require periodical training to update their knowledge and acquire new skills. Hence, ongoing professional development for elderly-care employees should be mandated by the government. If managers ensure that their staff have the required knowledge and skills to perform their roles, the staff will be positively impacted and their levels of stress will be reduced.

Fourthly, previous research shows that managers' support for care workers in developing their skills by training helps to increase their positive attitudes (Atkinson and Lucas, 2013). In this research, the main key findings demonstrate that training support by

managers is significantly important in reducing the stress level of aged care workers and increasing the development and maintenance of job satisfaction. This is a very useful implication for elderly care homes when designing their training and development programmes for aged care workers. To decrease the level of stress and enhance job satisfaction, elderly care home managers should increase the support level of training activities by encouraging employees to develop themselves.

Limitations and recommendations

Besides the findings presented above, the study also has certain limitations. The first is that employees are selected from only one professional group (aged care workers) and they are the only source for measuring job satisfaction levels. However, a multi-source design (e.g. supervisors or patients) could be an alternative way of providing more credible results. In the future, the relations between the variables might be discovered in multi-source design models.

Secondly, this study focuses only on North Cyprus and on one sector. Thus, while evaluating the research results, it is essential that differences in terms of sectors and regions are not ignored. In order for the relevance of this study to be widened, further researchers should incorporate other nations and sectors, such as logistics, manufacturing, technology or professional services. Also, additional studies are required covering different cultural and geographical perspectives as well as different sectors to increase the generalizability of the results (Schuler *et al.*, 1993). Collectivistic culture vs individualistic culture designs may lead to improved knowledge about the training and job satisfaction relation. Also, in the future research it is recommended to differentiate/compare aged care workers in terms of function or seniority within their organization. It is possible that staff of different levels and roles will experience stress, satisfaction and training differently.

Thirdly, this research is regarded as being a cross-sectional as opposed to a longitudinal study. Different findings could be obtained in a longitudinal study. In future studies, researchers might focus on the relationships in longitudinal models as well.

Fourthly, it should be considered that, as the identification of all the factors was based on self-report measures using a single questionnaire, there is an increased probability of common method bias. It is not easy to define the degree to which this issue impacted the current study; however, there were significant differences between the employee perceived training variables and their relation with job satisfaction. This makes us more confident that the participants were replying discriminately and accurately.

Conclusion

In this study of aged care workers in elderly care homes, we sought to understand the mediating role that workplace stress plays in the relation between employee perceived training and job satisfaction. This study identified that employee perceived training and job stress of aged care workers affect the emergence of job satisfaction and that workplace stress does play a mediating role in the relation between training and satisfaction. Theoretically, this study expanded the connection between training and its effects, which there is still a gap considering employee perceived training and its relation to job satisfaction and workplace stress. The main theoretical contribution of this research is that it sheds light on the links between job satisfaction, employee perceived training and workplace stress among aged care workers in elderly care homes by using a mediational model.

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Further reading

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Appendix. Research scales
Perception of training

Motivation for training

- I think that I will enhance my skills through participation in training activities.
- Participating in training programs does not benefit me much because I possess all the necessary skills and knowledge to complete my job effectively.
- I am prepared to make an effort to enhance my skills and abilities relevant to my present job.

Access to training

- The institution tells us the training subjects that the employees want to receive and their strategies regarding the subjects.
- I have awareness of the amount and types of training that my institution has planned for me in the following year.
- This organization enables me to access a variety of different educational opportunities.

Benefits of training

- Participating in training programs will further my personal development.
- Participating in training programs will enable me to perform better in my job.
- Participating in training programs helps to gather current information on new processes and products or procedures for my role.

Support for training

- My manager ensures that I receive the training that I need to effectively do my job.
- My manager can be consulted to assist me with developing the skills highlighted in the training programs.
- Employees are provided with sufficient training when they needed.
- My manager encourages me to participate in training programs.

Job stress

- I have to work quickly.
- I have lots of things to do.
- I am working under time pressure.
- My responsibilities went beyond my technical expertise.
- My job puts me in emotionally distressing situations.
- In my job, I have to contact with difficult people.
- Dealing with people at my job makes me stressful.

Job satisfaction

- I think I am more satisfied in my job than many other people.
- I enjoy my job.
- I believe my current job is more interesting than any other position I could find.

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