

The Impact of In-Service Training of the Cameroon State Health Personnel on Work Performance: A Legal Appraisal

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Abstract

Original Research Article

This article examines the various regulations that guide the in-service training of the state's health personnel in Cameroon and investigates how this influences work performance. Continuous training programs in the different health institutions have a great influence on the work performance in the country's health sector. Using the scientific and human capital theory, this work sets out to establish whether the regulations that guide the in-service trainings of the health personnel of the state positively or negatively affects work performance. To realize this work, data was primarily gotten through the qualitative research method. For our findings, 35 respondents were selected and interviewed or sampled through interviews and questionnaires. The results of our findings established that the principal aim behind the adoption of the regulations that guide the in-service training of the state's health personnel was to facilitate the acquisition of skills and better professional attitudes during the training programs in the different academic institutions that could significantly contribute to an improvement in work performance. However, the poor mastery and application of in-service training regulations on the other hand results in the wastage of time and resources and creates loopholes that are exploited by health personnel to promote personnel interests, with adverse effects on work performance.

Keywords: In-service Training, Health Personnel, Work Performance, Study Leave, Legal Appraisal, Professional Health Staff, Public Service, Professional Training Schools.

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1. INTRODUCTION

Cameroon, situated in the heart of the African continent and occupying a strategic position in the Central African Sub region distinguishes itself as one of the most dynamic nations where education in diverse academic and professional fields have propelled it to a strategic point of the continental educational ladder (Eleonoro F *et al.*, 2021). The existence of renowned training faculties attached to state-managed universities and charged with the formation of health personnel plays a significant role in the training of well qualified medical doctors whose competences have led to an increase in the demand for their services both nationally and internationally. While the technicalities in the training of medical doctors have limited the authorizations to certain institutions, the educational establishments that train other health personnel such as nurses, midwives, and laboratory technicians became more widespread with the liberalization of the higher education sector and stood as veritable hubs for the acquisition of skills that have fed

the health needs of the state and other privately run health organizations.

Drawing from the educational system inherited from France, the government of Cameroon in its desire for a more performing public service that could efficiently meet the growing health needs of the population embarked upon the creation of professional schools that would help in the training of its personnel in the specific sector of health (Adna E.E, 2019). Entrance into these "*Grande Ecoles*" as they came to be known in French were done through competitive examinations and even though very challenging, guaranteed integration into the public service (Ernest F, 2016). After their integration, the responsibility to manage their careers and keep them in optimal performance therefore pushed the government through the Ministry of Public Health (MINSANTE) and the Ministry of the Public Service and Administrative Reform (MINFOPRA) to adopt specific laws aimed at regulating in-service training of the health personnel under the state's payroll (MINSANTE, 2023).

1.2 Justification of the Study

Many health personnel of the state are ignorant of the rules that guide the in-service training of staff in the domain of health. Others fail to recognize the fact that the conception of the idea of the permanent training of public agents was to ensure that the public service remains performing in the face of the growing demands of the population. Unfortunately, many health personnel of the state have continued to place career growth over the real impact that in-service trainings are expected to have on work performance as expected by the state, while others even embark upon trainings in disrespect of the existing regulations and end up obtaining qualifications that are not accepted by the public service for the change of grade or reclassification.

This study is therefore very necessary because it examines the effectiveness of the regulations that have been put in place to regulate the in-service trainings of health personnel in Cameroon and the impact such trainings have on work performance. This work seeks to make constructive proposals on what must be done to improve on work performance in the health sector. By treating the regulations that guide the in-service training of health personnel, this study will also go a long way in sensitizing potential beneficiaries and even decision makers on the irregularities surrounding these trainings and how improvements can be made to improve performance of personnel in the sector.

1.3 Operational Definition of key Terms

The definition of the key terms of any scientific research work enables the researcher and reader to have a clear and concise understanding of the concepts and variables used, avoiding unnecessary misinterpretations. (University of Manchester, 2023). The key terms in this work include: In-service training, Health Personnel and Work performance.

1.3.1 In-service Training

In-service training can be defined as those activities that are undertaken with the goal of achieving improvement in the quality and professional development (Zahra S *et al.*, 2014) of workers in a particular field. In effect, Dr. Gacinya John defines In-service training as: “the relevant courses and activities in which a serving teacher may participate to upgrade his professional knowledge, skills, and competence in the teaching profession” (Gacinya. J, 2024). While emphasis in the above definition is laid on the teaching profession, the training of health personnel is also as important as their work often requires concise technical and technological skills in the handling of certain health complexities. With numerous specializations in the medical field and the emergence of new health challenges such as the Covid-19 pandemic, the regulation of the in-service training of health personnel has become imperative.

In-service trainings should be distinguished from induction trainings which play a very significant role in preparing staff that have been newly recruited into the Government so that they can better perform the responsibilities that will be assigned to them (Gagan D.K, 2012). In the context of this work, In-service training refers to authorized and regulated interruptions in the work of some health personnel of the state with the goal of acquiring varied skills and competences following the completion of short or long-term training programs.

1.3.2 Health Personnel

A proper definition of health personnel will not be complete without a clear understanding of what health in itself is. Many authors have defined health in terms of physical well-being or fitness. Converging definitions hold that health is the state of being physically fit. (Joseph E.B, 2005). Health workforce on the other hand refers to all people who carry out actions with the aim of enhancing health (WHO, 2016). These personnel often generally referred to as health professionals ensure that human beings and other living things are in good health, especially through principles and procedures of evidence-based medicine and caring. (Taylor A and Dhillon I.S, 2011)). The list of professional health providers include: Medical Doctors, who either practice general medicine or have acquired specific skills through specializations, including Public Health Doctors, Nursing professionals, with Public Health Nurses, Professionals in Midwifery as well as Public Health Midwives, Laboratory Technicians, Dentists and Pharmacists To the list above can be added Laboratory Technicians who constitute one of the groups that have increasingly solicited for study leaves with the goal of going in for in-service trainings in Cameroon.

1.3.3 Work Performance

“Work performance is formally defined as the value of the set of employee behaviors that contribute, either positively or negatively, to organizational goal achievement” (Saraswati and Pertiwi, 2020). From this definition of work performance, other terms have been coined such as Individual Work Performance (IWP) which refers to behaviors or actions of individuals that are relevant to meeting organizational goals. Considering the fact that many of the health personnel of the state obtain permission for further studies on an individual basis, (IWP) will be very relevant to understanding the impact of in-service trainings on such performance.

2. REVIEW OF RELATED LITERATURE

Training has been defined in terms of organizational performance and as a factor that contributes to the effectiveness of an organization. As such, since training contributes to the overall effectiveness of the individual and the organization, the sums spent on training are justified. Researchers who hold this view have documented a causal relationship

between training and the effectiveness of organizations (Karibasamma N, 2021).

2.1 Conceptual and Empirical Review

In their study focusing on the improvement of health outcomes in Cameroon through the competency-based approach and the engagement of stakeholders in the process of accreditation, the authors indicate that the training of health personnel in the country is imperative to filling the gaps created by the shortage of health professionals, especially in the rural areas of Cameroon. They therefore hold that it is necessary to improve on the country's training institutions and infrastructure, especially through the accreditation system that will ensure that study programs meet national and international standards and are tailored to meet the health needs of the citizens (Tata E.F *et al.*, 2024). Khan *et al.*, 2020) delve into the concept of training indicating that in the 1950s, and 1960s a number of companies in the USA took the initiative to train their employees. While some are of the opinion that successful training and development programs have a positive effect on performance, others hold that training opportunities that are properly utilized result in in greater turn over. Training is therefore seen as an established tool that plays a preponderant role in employee development and support as companies strive to achieve sustainability by distinguishing their employees on the basis of knowledge, expertise and enthusiasm (khan, 2020).

(Jayawickramaraja, 1999) examines the training of health personnel through the process of quality assurance that has gained substantial grounds in the field of health and education. Quality assurance which is principally promoted by those who pay for care, including the government and insurance companies encompasses several factors notably: the comfort of patients, the expression of satisfaction by patients, how the complaints of patients are received and handled and the quality that characterizes the granting of services and clinical outcomes (Jayawickramaraja, 1999).

(Kevin T.D *et al.*, 2024) while emphasizing on the requirements of ethical commitments such as the Hippocratic oath taken by medical doctors, observed that ethical standards in the practice of medicine in Cameroon still leave much to be desired. They opine that while courses on Biomedical ethics have been given a place of importance in the schools that train health professionals in the developed nations, with a positive impact on their work performance, Bioethics is also taught in many schools across the country that train physicians and other health personnel such as nurses, midwives and laboratory technicians. However, a poor conduct of medical doctors and nurses has been observed in their relationship with patients in the different hospitals across the country. They therefore propose that doctors and nurses seek for additional training, especially on ethics that will go a long way to improve on the nature of the relationship they share with their patients (Kevin. T.D *et al.*, 2024).

After sampling more than 100 respondents in North Lebanon, the authors indicate that 46% of nurses are degree holders and 27% are holders of technical certificates. They observed that employees who had attained a higher level of education were more likely to get enrolled in more advanced programs with the aim of obtaining superior skills over their colleagues. In effect, the statistics of the data analyzed by the authors reveal that the hospital employees that did not receive any training for the last three years and those who did saw their work greatly impacted differently, even though a good number felt that the trainings they received was irrelevant to the job they were performing (Dallal R.H *et al.*, 2022).

(Peter V.E *et al.*, 2024) examine the impact of training on health professionals within the context of a workshop that took place on the 1st of December 2022 at the Hotel *Le Lagon* in Kribi, involving a number of stakeholders, including clinicians, policymakers and regulatory authorities from Cameroon, South Africa and the United States of America. A total of 35 participants were selected from the 91 that expressed interest in the training. At the end of the training, findings revealed that trainings positively improved on the knowledge and self-efficacy of participants on research methodology. The authors therefore emphasized on the need for governments and international organizations to concert their efforts in enhancing health science research (P.V. Ebasone *et al.*, 2024).

2.2 Theories of Training (In-service Training)

These theories are varied and can be divided into two principal models which include: the scientific method with its sub-dimensions comprised of constructivism, experimental learning theory and the action theory. The human capital theory is also very instrumental to understanding this research, Paper.

2.2.1 The Scientific Theory

The scientific method is very adaptable to group training rather than individual training. It generally involves a group of methods or processes that pays attention to situations, case studies and narratives that provide a specific context for issues related to performance, needs, insufficiencies and scripted actions for precise circumstances.

Constructivism is one of the most central facets of the scientific method. This perspective holds that there are many ways to improving knowledge and skills without focusing only on one ideal solution. While stressing on real-world functions in organizational environments, this approach expresses the view that the molding of skills in a specific environment and the different features of performance have to be defined, tested and understood. This will have the effect of permitting people to identify existing gaps and

insufficiencies of performance in a particular skill area (Wajdi M *et al.*, 2014).

The action model is another approach of the scientific theory that facilitates understanding of the importance of in-service trainings on work performance. The theory makes an attempt to explain the regulation of the learning process and how people can change their attitude with the aim of meeting their objectives in usual and/or uncommon circumstances. This theory therefore focuses on behavior and particular working environments and outcomes (Wajdi *et al.*, 2014). According to this theory, performance is one of the most important reasons for conducting training programs. These strategies also facilitate the monitoring of progress during the implementation phase of the training process, the achievement of desired outcomes and the avoidance of random training programs and their negative consequences” (Wajdi *et al.*, 2014).

2.2.2 Human Capital Theory

Apart from the scientific theory and its different facets, the human capital theory is also very essential to understanding in-service training and its impact on work performance. The Human Capital theory takes its origin from the neo-liberal theory that combines labor markets, education and economic growth. The theory seeks to examine the assertion that when personnel are highly trained, they become more performing than others who did not benefit from such trainings. In sum, the theory tries to examine return on training investment and an analysis of evidence from a good number of countries reveals that performance is improved when there is an increase in training.

2.2.3 Theories of Employee Performance

Generally, employee performance can be measured using the yardsticks of behavior and results. Performance is seen in the conduct of employees and what they do at work (Le Trung and Nyuyen V.H, 2024). There exist many theories on performance prominent amongst which is the knowledge-based theory:

The knowledge-based theory supports the idea that knowledge is a central resource to all other resources and it plays a capital role in the coordination of all other resources within the organization to give them value. Since knowledge is needed to determine how to use an asset effectively as a resource, an asset can only become a resource when there is knowledge on how to use it. This is even more effective when specialized knowledge of individuals within the organization is combined. This can be achieved through the use of rules, guidelines, accepted convention or processes that can guarantee a combination of specialized knowledge ((Le Trung and Nyuyen V.H, 2024)

3. RESEARCH METHODOLOGY

3.1 Research Design

The research design of this work was predominantly the case study type as it permitted the researcher to take a deep observation of the state’s health personnel seeking for authorizations for study leaves and to sample them through interviews and questionnaires to better understand the real motives behind their desire to further their studies and how far they mastered the various laws and regulations that guided the in-service training of professional health staff. This data was collected at MINSANTE and MINFOPRA.

3.2 Research Sample

A sample in research can be defined as a fraction of the research population that is separated from the main study population for study purposes. “The sample represents a smaller, manageable group that researchers use to make inferences and draw conclusions about the entire population” (N. Ahmad *et al.*, 2023). In the context of this work, the population of the study area is the state’s health personnel, while the research sample were those who developed interest to go in for in-service trainings for various reasons. In effect, after the initial training and recruitment of the different health professionals by the government of Cameroon, some contented themselves with providing services in their initial training fields and benefited only from those career improvements provided through mechanisms such as advancements and increments in salary.

Table 1: Professional Health Personnel Sampled at MINFOPRA

Respondents	Number
Medical Doctors	10
Nurses	10
Midwives	03
Laboratory Technicians	02

Source: Author’s 2025

Table 2: Personnel in Charge of Treating Study Leave Files Sampled at MINFOPRA

Respondents	Number
Chiefs of Service	02
Heads of Office	02
Support Staff (Cadre)	04
Public Agents	02

Source: Author’s 2025

Demands for study leave authorizations are very common in Cameroon’s civil service. This is very preponderant in the health sector where the provision of specific health services is strongly dependent on specialized trainings in specific health domains. In addition, the emergence of new health challenges makes the continuous trainings of certain health professionals indispensable. The research sample in this paper therefore refers to those health professionals working for the state that prepared and submitted application files for study leaves that were respectively treated at the level of

MINSANTE and MINFOPRA in line with clearly defined regulations.

3.3 Sampling Techniques

For the realization of this study, the non-probability sampling technic was used as specific participants were selected non-randomly based on their interests in study leaves. Those sampled were therefore selected on the condition that they solicited for authorizations at MINSANTE and MINFOPRA to go in for in-service trainings. As such, the professional health staff of the state that did not show any interest in going for further training was not sampled.

3.4 Instruments of Data Collection

A combination of different instruments was used to collect the information that was needed for the realization of this study. Two questionnaires targeting two sets of respondents were used to gather data. As concerns the first set of respondents, a series of open format questions were designed in all clarity and tested before being administered to health personnel at MINSANTE and MINFOPRA that had expressed interest in obtaining study leaves. The first questionnaire contained questions relating to: knowledge about the regulations that regulate in-service training, factors that motivate respondents to want to go in for in-service training, how the respondents think that such additional trainings can impact their career and what they think such trainings could do to improve on their performance at the work place.

The second questionnaire rather targeted personnel of MINSANTE and MINFOPRA that are charged with the treatment of the files of those applying for permission to further their studies. While the Direction of General Affairs is competent at the level of

MINSANTE, it is the Direction of the Development of the State's Human Resources (DDRHE) through its Sub-direction of Capacity Building (SDRC) and its services of Training and the Management of Interns that treat the files of those seeking to obtain study leaves. The questions in this second questionnaire principally focused on the regulations guiding the granting of such study leaves and the impact the disregard of such regulations could have on the applicants and work in the health sector managed by the state as a whole.

Apart from the questionnaire, interviews were also conducted that permitted the researcher to gather useful information that was used for the writing of this paper. The interviews were principally based on questions that had been prepared by the researcher in advance. Specific questions were formulated *vis-à-vis* the nature of the respondents targeted. While questions posed to health professionals working for the state focused on their motivation for requesting for authorization and the expected outcome of their training, those that were posed to personnel in charge of treating study files principally focused on the regulations guiding in-service trainings of health personnel and their observations of the impact of such trainings on their performance at the work place.

Information was collected from a total of 25 respondents as far as the first questionnaire and interviews that targeted health personnel soliciting for study leaves was concerned. A total of 10 medical doctors from the ages of 27 to 38 were either interviewed or sampled using the questionnaire, constituting 40% of the total number of professional medical staff sampled. Out of this 10, 4 were female constituting 40%, while 6 were male constituting 60% of the medical doctors sampled.

Table 3: Percentage of Health Personnel Sampled Per Category and Sex

Category of Worker	Total Sampled	Men	Women	Percentage
Medical Doctors	10	6 (60%)	4 (40%)	40%
Nurses	10	3 (30%)	7 (70%)	40%
Midwives	03	0 (00%)	3 (100%)	12%
Laboratory Technicians	02	2 (100%)	0 (00%)	08%

Source : Author's 2025

A total of 10 nurses between 26 and 34 were also sampled out of the 25 respondents, constituting 40% of the total number of health personnel sampled. This group of health professionals was dominated by female nurses who were 7 in number, making up for 70%, while the male nurses sampled were 3 in number, and making up for 30% of the total number of nurses sampled. All of the three midwives sampled were female and constituted 12% of the total number of respondents, while the two laboratory technicians sampled were male and constituted 8% of the total number of respondents sampled in the first group.

As regards the second questionnaire and interviews that targeted personnel of MINFOPRA in charge of the treatment of internship files, a total of 10 respondents were sampled. A male Chief of service with more than 12 years of experience in charge of the Training Service and a female Chief of Service in charge of the management of interns with 8 years of experience at the DDRHE, making up 20% of this group of respondents. The Bureau Chiefs of Initial and Continuous Training (CBFI and CBFC) were interviewed and constituted 20% of the total respondents in this category. In the same line, 4 support personnel were sampled and making up for 40%, while 2 public

agents managed under the labor code provided useful information and generally constituted 20% of the

respondents.

Table 4: Percentage of MINFOPRA Staff Sampled per Rank and Sex

Rank of Worker	Total Sampled	Men	Women	Percentage
Chiefs of Service	2	1 (50%)	1 (50%)	20%
Chiefs of Bureau	2	2 (100%)	0 (00%)	20%
Support Staff (Cadres)	04	2 (50%)	2 (50%)	40%
Public Agents	02	0 (00%)	2 (20%)	20%

Source : Author's 2025

4. DISCUSSIONS OF RESULTS AND FINDINGS

Information obtained from the respondents indicated that while the medical doctors had attained a relatively advanced level of education marked by 7 years of study, with the obtaining of a Doctorate of Medicine either in or out of the country (Category A), all of the nurses, lab technicians and midwives that were sampled were either contract workers or civil servants of the lower B1 or B2 categories. Consequently, while the motivation behind the demand for study leaves by medical doctors was principally driven by the desire for specializations, the nurses, midwives and laboratory technicians were principally driven by the desire to acquire new qualifications, with the principal objectives of having salary increments after reclassification or gaining more opportunities for appointments.

The data collected from personnel of MINFOPRA reveals a high mastery of the rules and regulations that guide the in-service trainings of the health personnel of the state. This was mainly due to the fact that their work on a daily basis principally consisted of identifying the appropriate regulations; interpreting the provisions and using them to treat study leave files. More than 80% of the respondents were of the opinion that while applications for study leaves are received from civil servants from different ministerial departments, the highest number come from the MINSANTE and the Ministry of Secondary Education (MINESEC) and this is partly because of the nature of the services they offer, that often requires constant trainings, even when already on the field.

The results of our findings revealed a lack of adequate knowledge of the regulations that guide the in-service trainings of health personnel in Cameroon. This was even more palpable as most of the respondents that were contacted for information had come to MINFOPRA to complete study leave files that had been rejected for failing to meet up with the requirements. Some of these rules and regulations and their relationship with work performance of the health personnel of the state are analyzed in the below.

4.1 Circular Letter No.

D1/22/08/MFPRA/SG/DDRHE of September 16, 2005 on Requirements for the Continuous Training of State Agents in Cameroon

This is one of the most important practical texts used daily for the treatment of study leave files at MINFOPRA. It contains the requirements for the granting of study leaves which has to be submitted within deadlines so that it is received at MINFOPRA at least one month before the applicant commences studies. It also contains the requirements for the extension of study leaves and the requirements for the application of an end of study leave certificate that is received at the end of the study leave period as indicated on the order that grants the study leave. It is important to note that the study leave order and the end of study leave certificate have an important role to play as the former serves as justification for the civil servant's absence during his period of studies, while both are part of the requirements for the recognition of the new qualification obtained after studies and for reclassification into another grade or category based on it (Alloys B.B, 2025).

4.2 Decree No.2000/697/PM of September 13, 2000 on the Continuous Training of State Personnel

The analysis of our data also revealed that while the laws that regulate the continuous training of health personnel are well elaborated to guide in-service training that can lead to an improvement in performance, they are poorly implemented, with adverse effects on the health personnel concerned and the state. The following articles of are worthy of note:

- Article 6 (2) states that any state agent who without authorization, goes on a study leave shall be considered to be in a situation of irregular absence or abandonment of his post. He shall therefore be exposed to the disciplinary sanctions previewed during such situations. The poor mastery of this disposition and the submission of incomplete files, have exposed many health personnel to various administrative sanctions, including salary suspensions and even dismissal, that has had negative effects not only on the performance of these health personnel as they have to grapple with disciplinary challenges while working, but also on the performance of the state's health sector in the provision of the dire health services of its citizens.

- Article 17 provides that the state personnel selected to undertake an internship in a foreign country shall study under the financial responsibility of the state that shall take charge of school fees, equipment allowance for internships of one year or above, housing allowance, transportation fare and insurance fees. Unfortunately, this is not the case as interns who apply for study leaves abroad take cater to all of their school needs, except for the retention of their monthly salary that does not sum up to much in comparison to the foreign currency rates in countries like the USA, UK and France that are highly solicited. This pushes many of the state's health personnel to combine work and studies and consequently do not put in the maximum efforts required to acquire the skills necessary for the improvement of their performance at the work place.

4.3 Loopholes in Training Regulations that Negatively Affect the Work Performance of the State's Health Personnel

Information obtained from respondents and observations equally led to the conclusion that loopholes exist in the application of the laws guiding the in-service trainings of health personnel in Cameroon and these are exploited by these health professionals for their own benefit and to the detriment of the work obligations they owe the state. For example, some of the attributions of the DDRHE as outlined in Decree No.2012/539 of November 19 2012 relative to the organization of the Ministry of the Public Service and Administrative Reform requires occasional descends on the field by the personnel to follow-up beneficiaries of study leave orders and to ensure that they are effectively undergoing the academic and professional trainings they applied for. Unfortunately, this practice that hitherto prevented the demand for fictive study leaves and ensured dedication to the acquisition of the skills that were required to improve on job performance has ceased to exist. This has resulted in the following consequences:

- Some health personnel solicit study leaves for trainings that do not contribute in improving their skills, but serves as a reason to abandon their duty posts.
- There are also health personnel who see study leaves as a means of escaping from the rural and less developed areas of the country where they are posted upon their successful selection during integration exams. This has led to increasing lack of trained health personnel in various health centers across the country.
- Others obtain study leaves as justification to abandon the public health units where they are expected to work in order to dedicate their time, energy and skills to privately owned health centers, while they continue to benefit from salaries paid by the state.

- Some profit from the absence of limitations in the number of internships that applicants can benefit from over fixed periods of time to move from one to the other. This prevents them from actually practicing on the field and negatively affects the overall performance of the health centers in Cameroon (Ze.E, 2025).

5. CONCLUSION

The paper set out to examine the regulations that have been put in place by the government of Cameroon to guide in-service training of the state's health personnel. While the enactment of these laws was aimed at providing health personnel with the possibilities of acquiring the necessary skills and attitudes that could greatly contribute to improving on their work performance, a poor mastery and application of the regulations have rather had adverse effects on the performance of the state's health personnel as it has often led to the waste of time and other resources that would have been used to satisfy the increasing health needs of the people. As such, the following recommendations to policy makers, potential beneficiaries of study leave authorizations and future researchers who may develop interest in conducting research on this area of study in future is imperative.

This study focuses on the impact of in-service trainings on work performance. Further research in the domain may include other issues such as poor financial motivation, poor career perspectives, corruption and favoritism in appointments that fuel frustrations, with adverse effects on work performance. Such frustrations have been partly behind the massive emigration of trained professional health staff working for the state to countries like Germany and Canada where the pay package is higher and the working conditions better. This has left many of the hospitals in the country without adequately trained health personnel. Many who dedicate more of their time to manage privately owned or managed health centers are equally motivated by the need for more financial gains. This has adverse effects on the overall performance of the public health sector in Cameroon. Further research in this area can therefore go a long way to proposing concrete solutions that can further sanitize the country's health sector.

Further, while the present study focuses on the laws guiding in-service trainings of health personnel under the payroll of the government and their effects on work performance, further studies could be undertaken to evaluate the laws which many may conclude have outlived their usefulness and do no longer meet the demands of the present-day realities as far as the regulations of study leaves is concerned. Apart from the special status of the corps of the civil servants of public health that does not make specifications *vis-à-vis* the procedure for obtaining study leaves, specific recommendations could be made through such studies to

ensure that the specificities and types of institutions that train personnel for each corps are taken into consideration in the elaboration of new regulations or in the modification of existing ones.

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