

ORIGINAL ARTICLE

THE ROLE OF PERFORMANCE APPRAISAL ON COMPASSIONATE,
RESPECTFUL, AND CARING HEALTH CARE DELIVERY IN NORTHWEST
ETHIOPIA: AN IMPLEMENTATION STUDY

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ABSTRACT

Background: Performance appraisal (PA) is the process of deciding how employees do their jobs. This helps to identify problems and take remedy early. Moreover, performance appraisal is an essential element for health care delivery practices of health care providers, which shapes the overall health care delivery practices in Compassion, respectful and caring (CRC) manner. However, there is a lack of studies examining the role of performance appraisal system on CRC health care delivery practice. Therefore, the current study aimed to explore the role of performance appraisal system on Compassionate, Respectful, and Caring (CRC) health care delivery practice.

Methods: For this implementation study a phenomenological qualitative inquiry was used. The data was collected by using a piloted interview guide. We collected data using in-depth interviews (IDIs) and key informant interviews (KIIs) among purposively selected health work force. Thematic analysis using Open code 4.03 was performed.

Results: Based on the data driven from this study the primary focus of the study is categorized broadly into five key themes, namely: process of performance appraisal, integration of CRC element in the performance appraisal, barriers for performance appraisal, facilitators for performance appraisal and potential strategies to strengthening CRC implementation. Poor motivation of professional for evaluation, skill gap, lack of civil service guideline, and lack of supportive supervision were the potential barriers of PA on healthcare delivery. Whereas, the presence of recognition, presence of Balanced Score Card (BSC) evaluation, and gap identification and capacitate were few of the facilitators.

Conclusion: In this study, the performance appraisal is poorly coordinated in the health system. The elements of CRC were poorly integrated and less weighted in the current practice of PA system. Lack of standard measurement tool, scoring problem, and system barriers were the main challenges of performance appraisal. Therefore, a capacity building on the process of performance appraisal system and the integration of CRC elements on the appraisal should be designed to improve the CRC health care delivery practices.

Keywords: Role, Performance, Compassion, Respectful and caring, Northshoa-Amhara.

BACKGROUND

Performance appraisal is a vital component of human resource management that ensures the effective use of scarce human resources. It is a continuous process of identifying, measuring and developing the performance of individuals or teams aligning to the strategic goals of the organization [1, 2]. According to

World Health Organization (WHO) health report (2006), performance is a combination of staff being, available, competent, productive and responsive [3, 4].

The most common types of performance appraisal are: straight ranking appraisals, grading, management by objective appraisals, trait-based appraisals, behavior-based appraisals, and 360 reviews. The most ap-

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appropriate method for an organization will largely depend on the variety of different roles within the organization, the time available to invest in the review process, and objectives for carrying out the reviews [5]. The 360 review was the commonly used performance appraisal in the health sector of Ethiopia [6].

Clear Appraisal Objectives, accurate, valid, and reliable data, well defined performance criteria, less time consuming, post appraisal interview, match needs, managers are mentors, continuous feedback, and measure what matters are characteristics of an effective performance appraisal system[5].

The goals of health system are to improve health and health equity through providing responsive, compassionate, and respectful healthcare services to users [7]. Performance appraisal systems can be used to enhance the motivation of health care providers [8, 9]. When it was undertaken in the right manner can contribute significantly to the health care provider's motivation [10]. When undertaken in the absence of clear goals, performance appraisal can however have serious consequences in terms of health workers dissatisfaction and consequently fall in the CRC health care delivery [11].

Ethiopia health policy emphasizes the importance of achieving access to a basic package of quality primary health care services by all segments of the population, using the decentralized state of governance. National movement towards creating Compassionate, Respectful and Caring (CRC) health professionals is among the four transformation agendas of health sector transformation plan I[12].

Even though Ethiopia has faced poor performance appraisal system [13] the role of PA on the CRC

health care delivery practice were not clearly known. Designing comprehensive policy that aid the implementation of performance appraisal system through CRC is quite important for better health care service delivery practices.

METHOD

Study design: An implementation study with a phenomenological study design was employed from February and March 2021.

The setting of the study area: The study was conducted in the selected districts and health facilities of North shoa zone, Amhara region, which is purposefully selected among the districts and health facilities of the zone. North shoa Zone is among the thirteen Zones of Amhara National Regional State (ANRS); its capital city, Debrebirhan, which is located 130 km away from Addis Ababa, the capital city of Ethiopia. The estimated population of the zone is 3,458,714 million, the majority of which are rural residents. There are 32 districts (6 urban and 26 rural), 524 kebeles, 222 health centers, and 8 hospitals in the zone[14].

Participant selection: The study group comprised of health work force at different level which includes key informants and other health work forces at selected health facilities and organizations in the study area. The participating facilities included health professionals, non-health professionals and, organizational and case team leaders at different level i.e. zonal health department, district health office, and health center.

Sampling: A purposive sample of key informants who were in a position, case team leaders and health system heads at different level. In-depth interview participants were other health work force including health professionals and non-health professionals were employed via random purposive sampling techniques.

Selection criteria included: Before the interview, the researcher reiterated the study information to confirm that the participants were allowed to discontinue their participation in the study at any point. The participants were asked whether they were willing for the interviews to be recorded, and were assured that the information collected would remain anonymous and confidential. When the researcher and participants were happy with the information received, participants signed the consent form as an indication of their willingness to participate in the study. To further preserve and protect confidentiality of the participants, names of study participants were replaced by a unique identification code.

The views of the participants were supposed to be narrated without interruption and the interviewer maintained the focus of the discussion by probing and asking for clarifications. The approach of the discussion was interactive. The interviews were conducted in local language (Amharic) by the research team from the health system and academic staffs and took around 30–60 minutes to complete.

Sample size: The number of participants interviewed was determined by information

saturation, which means that till the information generated from repeated interviews becomes saturate. Thus, 18 participants for the in-depth and 11 participants for the key-informant interview were included in the study. Once they have been recruited and agreed to participate, consent was taken for the interview.

Method of approach: The study participants were approached by the principal investigator (AN), and co-investigators (LG) and (DM) using a face-to-face interview in their office. The principal investigator had reach experience in qualitative research data collection and analysis. The interview was conducted in a quiet, secure, and comfortable place with minimum sound disturbance to maintain the quality of the recording and facilitate open discussion. The time and place of the interview were determined by interviewees.

Data collection

Interview guide: We used a pilot-tested semi-structured interview guide prepared in English and translated to Amharic (local language of the study area) to elicit details of the data through probes. The interview guide for the IDIs and KIIs was developed separately based on literature related to the main research questions. The interview guides included eight broad questions with suggested probes for the IDIs and eleven for the KIIs. The guide was developed in the way that it captures the role of performance appraisal on CRC health care delivery. The research did use audio recording to collect the data. Field notes were made by the investigators during and after the interview. The duration of the interviews, on aver-

age, a 45 minutes time for each IDI and 50 minutes time for KIIs.

Data management: All the interviews were audio-recorded (with participants' consent), transcribed verbatim after collection and then translated into English by the research team. The translation of the transcripts was randomly checked by an independent, fluent in Amharic and English speaker.

Transcripts were imported into Open code 4.03, the qualitative data analysis software. The thematic analysis was used to analyze the data. The thematic analysis involves the following key steps: Familiarization with the data, Development and refinement of a 'thematic framework', Indexing or coding of data using the framework, and 'Charting' the data through arrangement of appropriate thematic references in a summary 'chart'.

The thematic analysis provides coherence and structure to qualitative data as it uses a systematic approach to data management. Two individuals have performed the coding independently after repeatedly reading the transcribed document. Headings was assigned for the passages of text representing repeated themes according to the context, and then coded to relevant categories to reduce the likelihood of missing key points. Then, the data were synthesized in a chart format using headings identified from the thematic analysis. The transparency, validity and rigour of the analytic process could enrich via thematic analysis approach. The approach of the analysis was both inductive and deductive categories.

Trustworthiness: The trustworthiness of a study is ensured if the findings are credi-

ble. The research team has been in the field for a long time and has been involved in data collection activities, which helped to capture the reality of those being studied in addition daily base peer debriefing was conducted. Collected data were shared with all co-author, who gave critical comments and suggestions. The data collected were triangulated with those from field notes, documentary reviews and observations during the analysis to strengthen the validity and credibility of the findings.

RESULT

Background information of the study participants: A total of 29 in-depth interviews (18 IDIs and 11 KIIs) were conducted from the selected facilities of North shoa Zone, Amhara regional state. The participants were within the age of 31-40 years and 5-10 years of work experience. Health professional participants were the dominant in this study

Table 1: Socio demographic characteristics of participants who interviewed in-depth interview, 2021

Characteristics		Frequency (%)
Sex	M	17 (58.6%)
	F	12 (41.4%)
Age in years	<=30 years	7 (24.1%)
	31-40 years	16 (55.2%)
	>= 41 years	6 (20.7%)
Educational level	Masters	7 (24.1%)
	First degree	16 (55.2%)
	Diploma and below	6 (20.7%)
Profession	Health	23 (79.3%)
	Non-health	6 (20.7%)
Year of work experience	5-10 years	12 (41.4%)
	11-15 years	8 (27.6%)
	>15 years	9 (31.03%)

Many of the study participants were reported that the current practice of performance appraisal was not based on the job description of the individual profession. And they mentioned that the health work force is not satisfied with the evaluation system undertaken. The performance appraisal is not including the element of CRC in a clear and detailed manner.

Based on the data driven from this study the primary focus of the study is categorized broadly into five key themes, namely: Process of performance appraisal, integration of CRC element in the performance appraisal, barriers for performance appraisal, facilitators for performance appraisal and potential strategies to strengthening CRC implementation. In-addition each key theme is categorized into sub-themes.

1. Process of performance appraisal

As stated by the participant, the current process of performance evaluation was categorized into different sub-themes; approach, absence of standard measurement tool, subjectivity of the scoring, schedule and feeling of health work force on performance appraisal.

Approach: The performance appraisal approach was not clearly stated in similar way in the study area. The participants of the current study stated that the process of the evaluation is following the chain of linkage from the district to the lower level of the health care system in order to evaluate the performance of the work force. Many of the study participant stated that the district health office workers and the health center workers are not evaluated by their profession rather evaluated by the performance of the catchment area where they are assigned for supportive supervision. This statement is supported by the following quotes.

A 36 years old man with more than 10 years' work experience reported that,

“In the PA process; the district health office was supposed to support the cluster, the cluster also supposed to support the kebele and so that the PA system is based on the place where the individual was assigned for supportive; they have given goal based activity for the cluster and kebele which could be the result of the cluster and kebele commonly with the assigned individual.”

The performance evaluation for the worker is performed just for the sake of the civil service act. No one is there to evaluate based on the checklist or job description. There is no a clear understanding and agreements between the workers and heads to take the job appropriately. This is supported the quotes; A 32 years man, 5 years of work experience reported that,

“The one who is going to evaluate is not evaluate by understanding; they evaluate just for acting only, not give result based on their understanding. The workers also receiving the plan without understanding the plan due to fear of the heads; they receive the plan of agreement without understanding what was there on the paper. During the process of scoring being non reasonable.”

Absence of standard measurement tool: The measurement tool used by the health system is not uniform in all health system as stated by the participant. Because of the measurement variations across the zone most of the workers was demotivated by the evaluation and considers the evaluation process as wastage. This is supported by the following quotes;

A 46 man with 25 years of work experience reported that,

“There is no uniformity of the PA system across the zone. And it was used for transferring, educa-

tion and promotion purpose. There is no principle for scoring i.e. regulation matters, lacks uniformity of the checklist; it was influenced by the head”

In-addition, due to the measurement tool the evaluator is going to evaluate their workers subjectively in a full of bias. There are districts with low performance by many indicators but gave a score of high for their workers as compared to other districts with better performance. On the other hand the scoring is not based on the agreement taken and individual professional performance rather it is fenced with a rigid and unwritten regulation of the civil service. What so ever the workers do their planned activity fully they cannot get a score of high. This is supported by the quotes;

32 years man with 10 years of work experience reported that,

“The workers have not any motivation for the BSC since there are no uniform measurement tools across the districts and health facility. Some districts with low performance gave result more than 80% on the contrary there are districts with better performance but not give more than a score of 79.99% for their workers. So that the workers dissatisfied by the process of the BSC and simply take the agreement only for acting purpose only. The BSC is not based on the work performance.”

Contrary to the above some of the participant also stated that there may be a gap in the evaluation process but there is no any evaluation done by friendship and other relationship.

43 years female, 15 years work experience,

“There may be a gap to evaluate the right employee however there is no work to be done in friendship or by discrimination.”

Schedule and feeling of HWF on PA: Based on the participants report the performance evaluation was carried out bi-annually at the end of the six month without any follow-up measurement. Such type of evaluation clearly biased and may have a negative effect on the motivation of the workers. If the evaluation of each individual is done daily, weekly, and monthly by showing the strength and weakness, reach on the agreement and finally aggregate for the six month, could be better as stated by some of the participants. The following quotes support this report;

32 years old man, 10 years work experience stated that,

“Performance appraisal means BSC in our case. We have the appraisal system called BSC. The appraisal was conducted two times per year. The current PA/BSC was performed bi-annually and done by the case team leader (...)”

In this study we found that the health work force is not satisfied with the current practice of performance appraisal held at each level. And many of the participants stated that it is better to leave the current evaluation system and replace by other strong, credible and unbiased evaluation system.

29 years, with nine years of work experience reported that,

“The workers were not satisfied with the current BSC b/c of the evaluation problem i.e. workers were not evaluated by their work. Including extra activity in the appraisal process demotivate the individual workers.”

2. Integration of CRC Element

As stated by the participants the current Integration status of CRC elements in performance appraisal was categorized in to differ-

ent sub- themes; Current Integration status of CRC elements, perceived need and contribution of performance appraisal for CRC.

Current Integration status of CRC elements: Few participants of the study stated that the integration of CRC elements is linked with the quality of service given to the clients (population). Many of the respondents stated that CRC should be included in performance evaluation criteria. This statement is supported by this the upcoming mentioned quotes.

37years old man, more than 10 years' work experience;

"CRC should be included in the performance evaluation criteria; especially for the health sector CRC should be implemented but the employees only do the assigned work. However there was a wide gap of health professionals in issues such as from the introduction of their name, politely accepting the client and take care of it."

Contrary to the above mentioned, there is many participants who stated that CRC is not integrated with the current performance appraisal criteria.

34 years old man with 8 years' work experience reported as followed;

"Well, I cannot say that it was incorporated very well. Those subjective evaluation mechanism was touched the concepts of CRC. But there is no depth incorporation of the CRC components in the evaluation system and we have not such evaluation about the incorporation of the CRC concepts. Therefore the current evaluation system was not incorporating the CRC concepts in detail."

Using the document review we have also checked that CRC is not clearly integrated with the current performance appraisal criteria.

Perceived need on CRC integration: As stated by the participants the positive perception of health workforce on the presence of CRC in the performance appraisal is better. The participants of the study stated that the perceived need on CRC integration is supported by the quote stated below:

A 37 years old man with more than 10 years' work experience;

"CRC should be included in the performance appraisal process. Especially when we think of a health center all health professionals must show compassionate respectful and caring behavior for their clients"

Contribution of Performance appraisal for CRC:

The integration of CRC element on performance appraisal has a great role to perform activities based on knowledge and it brings patients satisfaction with the service they get.

A 34 years old man with less than 10 years' experience reported that :

"It helps the person to do their activity/job by knowing what their job is. If the BSC/ performance appraisal incorporated the concepts of CRC in a clear way individual will do their job based on their knowledge. In addition they would be clear/know what could be the consequences (score low, no transfer, no scholarship of education, other benefits like promotion) if not working the job as the level of expected. The other importance of having performance appraisal for the implementation of CRC is the patient would be satisfied with the services given; therefore the community would be benefited. "

3. Barriers for Performance appraisal

The barrier for the performance appraisal categorized in different sub-themes;

Individual level barriers: The barriers related to the performance appraisal of employees in all sector have similar characteristics, and participants reported as individual challenges that, no one was assigned based on the profession he / she graduated. The employee's motivation for performance evaluation is very low because their performance result is not sufficient for any promotion or educational opportunity competition. According to the respondent, some case teams (reviewers) are filled correctly by using monitoring documents and some are carelessly filled the score.

In addition to the above barriers, the participants of the study explained that lack of appraisal skill of performance evaluator was a challenge to the evaluation system. They interviewees also disclosed the fact that the regional and federal health professionals do not create performance appraisal system awareness among woreda and zonal professionals. This statement is supported by the following quotes.

A 46 years old man with a 25 years' of total work experience reported that,

“Performance appraisals have been done with individual's views. If I am a supervisor and if am happy with somebody I will give him a good score but this makes best performers to lose their appropriate evaluation & even to motivate its subjective”

Barriers of inside the organization: According to the study, lack of civil service performance guidelines, policies and procedure to guide the performance evaluation of the employees in the workplace has been a major challenge in performance evaluation. Also, the lack of budget for monitoring and evaluation of performance at woreda or zonal level has made it impossible to have a quality job evaluation process.

The 34-year-old and 10 years of experience man said,

“The current PA system/BSC was demotivating workers and it is the killer system. When the individual perform the activity based on the agreement they took, the civil service said that it was their routine activity. This strengthens those careless/lazy workers i.e. covering those lazy workers and deteriorated hard workers. The appraisal is not correct and based on the job description of the individual workers rather it gives emphasis for non-job activity”

Barriers of outside the organization: Employees are evaluating only to respond the request of woreda health office and woreda civil service office. All respondents replied that Professional satisfaction is low because no matter how hard he/she works; his/her performance is not exceeding 79.9 percent, which does not make them competitive for any benefit outside the health center. In addition to this lack of civil service rules and regulations, and lack of consistent support and training from the relevant body have weakened the employee's job evaluation process.

A 46years man with 25 years' work experience Saied,

“The presence of narrow structure at zonal level makes the BSC not be effective. The big bottleneck with the civil service is the obstacles with the scoring system for the appraisal. What so ever you have accomplish your task 100%, you never score more than 79.9 %(Satisfactory), you haven't a chance to go for high score b/c of the civil service two blind rules....”

System related barrier: The presence of a strong and clear performance appraisal system in the organization is very important to achieve the objective of

the organization. However, currently the BSC has no any platform of reward for committed and hard workers. The negligence and hard workers was treated similarly, this leads the hard worker to be demotivated.

Even though accountability is one basic rule that foster the performance of the leader as well as their employees, the study showed that there was no a system of accountable the evaluators when they give biased result to their employees and also there is no a rule that make accountable for low performed individuals in the working area.

A 30-year-old and 6years of experience women said,
“There is no any rewarding system for the PA result sometimes there is certification but has not any importance for the individual career. Nothing motivational thing is there with the PA. I can say that the beneficence of the health professional was totally eliminated from the system”.

Poor supportive supervision: Supportive supervision is crucial to enhance the skills, knowledge and abilities of employees and their supervisors towards performance appraisal. The case team leaders and supervisors in different health institution are evaluated the job performance of their employees. However, there is a gap in monitoring the performance of the staff on a monthly basis and reviewing their performance accurately. The civil service offices also do not have the culture of supportive supervision and a strong feedback mechanism regarding employee performance evaluation system. This statement is supported by the following quotes.

43 years old women with 15 years’ of total work experience reported that,

“To be honest, there is a big gap in monitoring

and evaluating employee performance on a regular basis because facilitators have a lot of work to do and they do not have time to prepare a checklist for their employees follow up”.

4. Facilitators for performance appraisal

Participants of this study stated a number of facilitators for performance appraisal which could help for the implementation of CRC health care delivery practice. The facilitators for the performance appraisal were categorized in to a sub-theme of presence of recognition, presence of BSC evaluation, Gap identify, and capacitate and perceived benefit of performance appraisal.

Presence of recognition: Using the performance appraisal as a recognition system is vital for the implementation of the CRC components. Many of the participants reported that the performance appraisal was used for a variety of promotion including education, transfer and education.

36 years man, 13 years work experience;

“It is well known that the employee performance appraisal results are useful for a variety of promotion. Therefore, it is not unusual that all employees that perform best and poor need to have high performance appraisal points. So there were objection but we recommend for those who perform low perform well in the future”

Similarly performance appraisal is also used for knowing whether the workers are on their work or not and helps to identify the best workers for the for recognition. Therefore, the performance appraisal could have a positive effect for the implementation of CRC.

43 years woman, 15 years of work experience;

“Frist the performance assessment result of em-

ployees helps us identify the best employees when there is an educational opportunity and other promotion opportunities in the hospital. In addition; we use it to identify star/best employees from the work unit/Department.”

Presence of BSC evaluation: The current practice of performance evaluation for the individual work was conducted via BSC; which can be easily understood by any one and helps to teach how to measure an employee’s performance. Therefore, the presence of BSC helps workers to take their tasks appropriately. If the BSC is done by incorporating the CRC element the workers could take their activity properly and it was an opportunity for the strengthening of performance appraisal.

37 years old man, 11 years of work experience;

“The presence of employee performance appraisal platform could help workers to be easily understood their job.”

Gap identification and capacitate: Identifying the way things should be in the performance of each worker and the way things are an important step for better health care delivery in the CRC system. The knowledge gap can be easily identified by the health care system linkage hierarchically using a checklist. Based on the gaps identified via the hierarchy the activity of capacity building could be undertaken for changing attitudes and behaviors-imparting knowledge and developing skills while maximizing the benefits of participation, knowledge exchange, ownership and improvement of their work. The quote below supports this theme;

36 years man, 12 years of work experience;

“There is chain of linkage from the district up to the health post for the follow-up of the activity undertaken. There is frequent evaluation bi-monthly at the cluster level, training also given

periodical based on the limitations they have (for those with low performance), there is supportive supervision for the cluster for six month in one cluster and then shifting after six month, there is transferring of skill with the chain based approach.”

Likewise, in-addition to filling the gaps by incorporating the CRC elements in the evaluation criteria the participants stated that as there were a collection of information from the client about the service delivery modality given at health facility.

43 years old woman, 15 years work experience;

“...we have trying to fill our gaps not only by including CRC in the evaluation criteria, but also we collect the information from clients about how their service provider give service with companionate, respectful and care behavior.”

On the other hand participants stated that as there were no any monitoring and support from anybody regarding the performance appraisal.

36 years old man, 13 years work experience;

“We have received training once on employee performance appraisal system and procedure but we have never been monitored and supported by anyone.”

Perceived benefit of Performance appraisal: The respondent stated that the performance appraisal helps for a good achievement of the workers by making them to be engaged in their work activity. It helps to shape the workers and guide them in the right direction and line of the work as per their job description.

36 years man, 12 years of work experience;

“It was used for good achievement of the work.

Helps to correct those workers who miss the right line of work and to take appropriate correction for those activities with....”

Similarly, the performance appraisal helps to create a good relationship with workers and make them to accomplish their task by their initiative rather than influencing. In-addition it makes the workers to have good behavior and better achievement in their performance.

34 years old woman, 7 years of work experience;

“Creating good relationship with the workers. Smooth relationship is better than try to influence on the workers....”

5. Potential strategies to strengthening CRC Implementation

There are different factors which might be improving the CRC health care delivery practices. The participants of this study also raised a number of strategies for the improvement of CRC implementation. The potential strategies for strengthening CRC implementation as suggested by the participant is categorized in to the following subtheme;

The Need of CRC expert with appropriate training: Many of the participants suggest the need for the responsible human resource expert who is going to undertake the performance appraisal. Appropriate training regarding the performance appraisal and the incorporation of CRC elements shall be to be arranged and emphasized for newly employed workers and human resource expert. The assigned expert will be responsible for the appraisal of each health work force by incorporating the CRC element in the appraisal checklist. The following quotes supported this concept;

A year’s woman, 10 years’ experience reported that,

“HR for this position with appropriate profession is a must. The HR position is currently nonfunctional. Therefore appropriate HR shall to be assigned with appropriate training.”

On the other hand many of the participant recommended that the appraisal of individual performance shall to be scored/evaluated by team (self, peers and near head) bi-annually. On the contrary, few of the participants recommended that the evaluation shall to be conducted monthly and take the average for the final result of the individual score. This is explained by the following quotes;

30 years old, 9 years work experience stated that,

“There should be one person who manages the process of the evaluation and it should be appraised by self, peers 2and heads monthly; bi-annual evaluation is not good expose for bias.”

Contrary to the above maintained about the responsible body to evaluate individuals performance there are participants who suggest the evaluation to be done by the head only.

36 years man, 13 years work experience states that,

“I think it would be good if the head of health center evaluate the performance of all employees.”

Standard evaluation tool: Evaluation tool is the basic to have a uniform measurement of the performance. The participants were recommended to have a uniform system. Designing similar platforms across the health care system by incorporating the CRC elements were the other suggested recommendations by the participants as quoted below;

“Designing similar platforms across the health facility by incorporating all the CRC components”

Similarly, Participants also stated that the workers shall to take the job agreement by incorporating the detail list of the CRC elements including the measurement scale, the weight given and how it can be measured. The performance appraisal shall to be undertaken in front of the workers based on the agreement they have taken.

“I suggest the PA shall to incorporate the CRC elements with detail list of the CRC element including the measurement scale, the way how and weights in a clear way.”

On the other hand respondents stated that the measurement tool for CRC may be difficult since every worker have different behavioral nature. Therefore the performance appraisal shall to be linked with the CRC components in order to increase the motivation of the health care workers.

34 years man, 10 years work experience;

“BSC measuring tool is difficult for peoples who are compassionate by nature. Because, everybody is different. For Example in Health Facility there are so many Strong workers and also there are also workers with low motivation. If best performer gets equal score with the motiveless workers it makes disappointed and doesn't make a sense. So the performance measurement has to be linked with compassionate principles and it will bring motivation in majority of health care providers”

Weight for CRC components: Many of the study participants were recommend the presence of the CRC elements on the individual workers performance appraisal since CRC health care delivery is the basic for the community. Every health professional main activity is concentrated on the CRC; much emphasis shall to be given for the elements of CRC based on the job description in the performance evaluation.

48 years man, 19 years of work experience reported that,

“In my suggestion the CRC is the basic for the community so that it shall to be given much emphasis and accounts at least 50% if possible 70%.”

Reward and profession based evaluation: The current performance evaluation system is not fair and based on the performance of the individual rather it is based on the willingness of the evaluator. Those individual who is hard workers and give emphasis on their work and challenging the heads for unfair and unnecessary activity in the facility regarding the service delivery will be given low score by their head. Appropriate rewarding platform shall to be designed and incorporated in the performance evaluation.

35 years man, 10 years work experience reported that,

“The current BSC was use for the competition of education; transfer from place to place, for promotion. But it is not fair; it was full of bias. The result was given by the individual willingness i.e. based on your good relation with the head if you have a good relation with the head you could score better. The result given is not based on the performance of the individual; those individual who stand for their right and ask different question they could be given low result.”

Strong monitoring and evaluation: Participants also stated that there shall be a strong supportive supervision on the performance appraisal from the inside and outside of the organization. A system of supportive supervision with a formal checklist shall to be designed and conducted accordingly. Strong follow-up of the performance evaluation would help to improve the implementation of CRC at each level of the health care system.

43 years woman, 15 years work experience stated that

“For the success of BSC, firstly Civil servants have responsibility to do their job as the description given and to do this it needs the follow up of immediate supervisor and coaching. Beside to that the community will be External bodies for example, public has to be involved to give their opinion about health professionals.”

DISCUSSION

This study found out the role of performance appraisal (PA) on the CRC health care delivery practices. PA helps to noticing the health care providers when the clients are in need of care, and try to make them comfortable in their health status. Performance appraisal has three basic functions: to provide adequate feedback to each person on his or her performance; to serve as a basis for modifying or changing behavior toward more effective working habits; and to provide data to managers with which they may judge future job assignments and compensation. The barriers related to PA are categorized as; individual level barrier, barrier related to inside the organization, barrier related to outside the organization, system related barrier, and poor supportive supervision.

At the beginning of the evaluation cycle there must be an understanding of how the appraisal process is going to proceed. The near head should begin by reviewing the position description and determining which Position Specific Factors will be used to evaluate the employee. And this all need to be discussed with the employee, need to get their input and then make the final decision. In the current study the scoring system gives high weight for performance of the catchment area, and 79.9% is the maximum point

going to be given for the workers whether they achieve their work objectives or not. This is contrary to the Ethiopian Federal Ministry of Health BSC guideline [15] and with other study [16]. This might be due to less weight given by the leaders of the organization for the performance appraisal.

In-addition the performance appraisal is done twice a year and there is no continuous feedback so the workers do not have a chance to continuously improve their performance. There is no standard measurement tool in the scoring system and therefore it is subjective based on the attitude of the assessing supervisor. This finding is deviated from the Ethiopian Federal Ministry of Health BSC guideline; which suggested the appraisal to be done continuous and periodically on daily, weekly, monthly, quarterly and semiannual basis [15] and Flippo definitions of Performance appraisal [17]. The deviation in the current study might be lack of skill, responsibility and less attention given for the evaluation process.

The evaluation system requires effective communication on both the part of the supervisor and the employee. The supervisor is ultimately responsible to make sure these conversations actually take place and are documented. In this study the workers was not satisfied by the current evaluation system. This may be due to the supervisor was not hold all performance discussions and documentation in complete confidence, and lack of feedback.

Findings from the current study revealed that the element of CRC is not adequately incorporated in the performance appraisal system and inappropriately conducted performance appraisal is affecting their morale and their readiness to be CRC in the health care delivery. However, a well done performance appraisal will have positive effect on health workers

to be CRC in the health care delivery practices. Contrary to this statement the Ethiopian Federal Ministry of Health are included few elements of CRC like respect of clients and being exemplary to co-workers [15].

The basic purpose of performance appraisal is to ascertain the behavior of an employee anchored to performance and integrate with the organizational performance. It helps both the employers and employees to understand the responsibility in the organization. Performance appraisal system is focused to integrate the expectations i.e., performance, which gives a total clarity between the appraiser and appraise. It is an instrument to create a conducive atmosphere in the organization. However, the performance appraisal done in the current study indicated that for the sake of the external body not for the improvement of the individual work performance and for the betterments of the service delivery. And also the appraisal was not done based on the job of the individual workers. This finding is contrary with the performance appraisal for HRM [18], hand book of human resource management [19] and other books [20]. The possible reason for this discrepancy of the current study might be lack of clarity, less attention and poor follow-up of the evaluation system.

This study found out that individual level factors (commitment of the health work force, skill, mass evaluation, deadline based evaluation), outside organization level factors (Civil service law) and inside organization level factors (absence of guideline, policy, budget, procedure); and system level factors (no recognition platform, lack of accountability, lack of promotion, lack of incentives) can influence the appraisal process. This finding was supported by other studies [9, 20, 21].

Among the barriers for performance appraisal the Civil Service law was the dominant; needs unique innovation to score greater than 79.9; lack of continuous feedback on performance, assessing performance within tight deadlines, inadequate skill, poor commitment of ratters, inadequate reward for good performers, lack of utilization of standard performance measurement tools and lack of supportive supervision of the performance appraisal process. This finding is in agreement with a study from Jimma [22]. This may be due to less attention for the evaluation process, lack of skill and no accountable individual for the process of the performance evaluation.

Employee needs feedback from the near supervisor on how they are performing at their job. Feedback is necessary for correcting errors. Individuals normally have an inherent drive to self-evaluate, which means they seek feedback as a basis for comparing themselves to others. Feedback also reduces uncertainty which is a cause of stress because they are not sure what the supervisor wants from them. Consistent feedback reduces stress for both the supervisor and employee. Though, the current study revealed that as there was poor supportive supervision. This is opposing with performance appraisal hand book for civil service employee [23-25]. This may be due to poor attitude for the performance appraisal by both the workers and the supervisors.

The current study also revealed that the presence of recognition for best performer helps for CRC health care delivery practices and for the continuity of the performance evaluation system. The presence of performance appraisal based rewarding helps to identify employee's strength, and weaknesses and increase their motivation. This finding is in line with other

studies done on the effect of performance appraisal on employee's motivation [5, 26-29].

The major gap identified by this study; even though there is a clear performance appraisal guideline, it is not implemented as per the recommendation which in turn affects the morale of the health workers. Therefore, there should be a capacity building training for the evaluators and health workforce about performance appraisal and CRC. Besides, the elements of CRC are not included adequately in the performance appraisal checklist.

Limitations of the study: Some of the study participants were not available for interview due to other commitments. Some participants may exaggerate or underestimate problems due to personal motives.

CONCLUSION

This study showed that there is no standardized measurement of health work force performance. The current performance appraisal is not incorporate CRC elements appropriately. Based on this study findings we suggest; (1) Integrate the CRC elements in the performance appraisal; (2) capacitate the health work force on the performance appraisal ;(3) Strengthening the supportive supervision for performance appraisal;(4) Creating an open communication between the employee and supervisors; (5) develop and strengthening a recognition platform in the performance appraisal and (6) establish a system for taking responsibility, accountability and sense of ownership.

Policy implications: This study implies that the performance appraisal system has a significant role for the effective implementation of CRC elements in the health care delivery system. Therefore, the perform-

ance appraisal of the health work force shall to incorporate the CRC elements in a detail manner and there should be a recognition platform based on the performance of the health work force.

Abbreviations:

CRC—Compassion Respectful Caring

HEW—Health Extension Worker

HRM—Health Resource Management

IDI—In-depth individual interview

KII—Key informant interview

PA—Performance Appraisal

WHO—World Health Organization

Declarations: Ethics approval and consent to participate.

We obtained ethical approval for the study from the institutionalized review board, the University of Gondar (Protocol R.No:-V/P/RCS/05/679/2021;Date:-21 January 2021). An official letter that explains the objectives of the study was written to the respected administration and zonal health office. The zonal administration and zonal health office successively were written a letter to districts for cooperation, respectively. The objectives and the benefits of the study were explained for the study subjects. Informed written consent was obtained from each participant. The right of the participants to withdraw from the study whenever they want to do so was respected. The anonymity and confidentiality of the respondents were ensured. All methods were carried out in accordance with relevant guidelines and regulations.

Consent for publication: Not-applicable

Availability of data and materials: The data generated or analyzed in this review will be available upon a reasonable request from the corresponding author.

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