KWAME NKRUMAH UNIVERSITY OF SCIENCE AND TECHNOLOGY, KUMASI

COLLEGE OF ART AND SOCIAL SCIENCES

SCHOOL OF BUSINESS, KNUST

An Assessment of the Effectiveness of Performance Management Practices at St. Theresa's Hospital, Nandom, Upper West Region, Ghana

Akuleme Peter Adinkagre, MBA Human Resource Management

Akuleme Peter Adinkagre

July, 2012
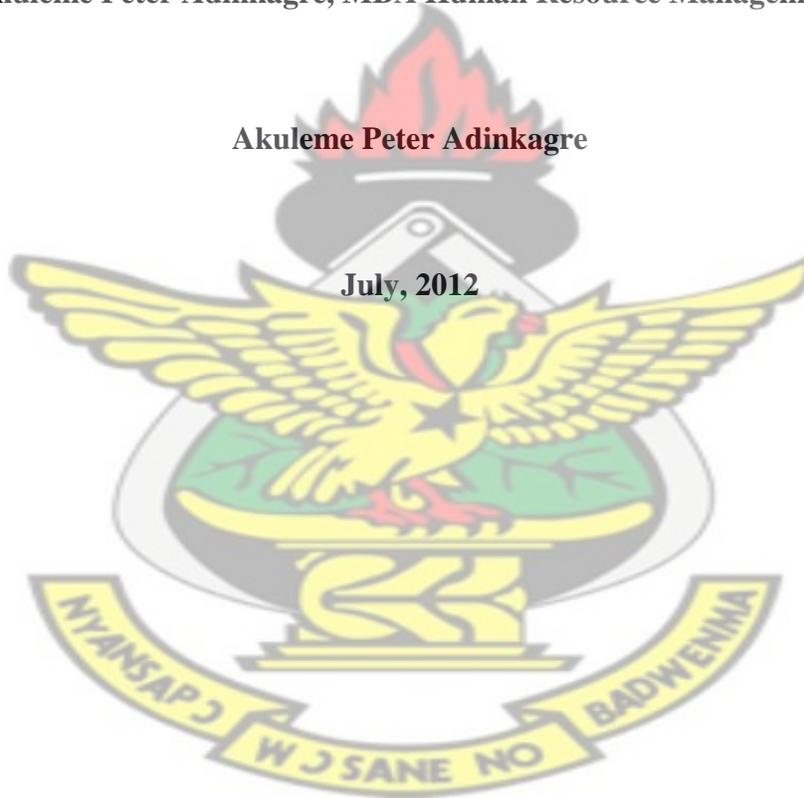
1

AN ASSESSMENT OF THE EFFECTIVENESS OF PERFORMANCE MANAGEMENT

PRACTICES AT ST. THERESA'S HOSPITAL, NANDOM, UPPER WEST REGION, GHANA

By

Akuleme Peter Adinkagre, B. Sc. Community Nutrition (Hons)

© 2012 Department of Managerial Science

A Thesis submitted to the Department of Managerial Science, Kwame Nkrumah University of

Science and Technology in partial fulfillment of the requirements for the degree of

MASTER OF BUSINESS ADMINISTRATION (HRM OPTION)

School of Business, KNUST

College of Art and Social Science

July, 2012

ABSTRACT

This study is an assessment of the effectiveness of performance management practices at St.Theresa's Hospital in Nandom. This study becomes necessary owing to the fact that there is the need for the hospital to maintain a highly efficient performance management and quality healthcare service delivery system in order to attract more clients and remain competitive against other healthcare providers while minimizing the cost of operation. Data for the study were drawn from two sources: primary and secondary sources. Population for the study was drawn from staff of St. Theresa's Hospital, Nandom. Questionnaires and interviews were used to collect data. Secondary data were also obtained from the Hospital's records. The results indicated that St. Theresa's Hospital's performance management practices were quite effective. The study revealed that motivational packages such as annual best worker awards help to motivate staff to work harder. However, it also indicated that a lot more could still be done to improve upon the system. One particular weakness of the performance management practices was that 52 (54%) of employees did not know whether there were any measures put in place to address staff performance gaps. There is therefore the need for management to ensure that superiors or senior staff help their subordinates to address their performance gaps (underperformance) to ensure optimum performance. Overall, there is the need to constantly train management and staff on the processes involved in performance management. Best worker award packages should also be enhanced to ensure that employees bring out their best.

DECLARATION

I hereby declare that this submission is my own work towards the award of Master of Business Administration (Human Resource Management Option) and that, to the best of my knowledge, it contains no material previously published by another person nor material which has been accepted for the award of any other degree of the University, except where due acknowledgement has been made in the text.

Akuleme Peter Adinkagre   …………………………   ……………………….…

Student   Signature   Date

Certified by:

Mr. J.K. Turkson   ……………………………   …………………………….

Supervisor   Signature   Date

Certified by:

Mr. lK. Turkson   ……………………………   …………………………….

Head of Department   Signature   Date
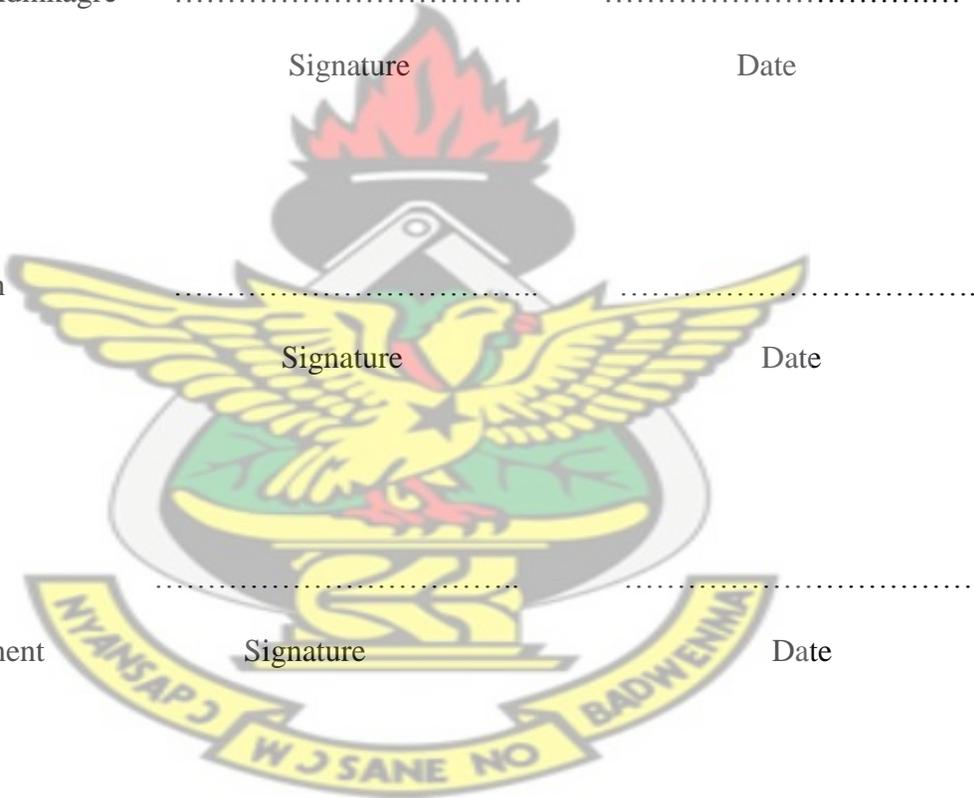
ACKNOWLEDGEMENTS

I thank the Amighty God whose grace and mercy have brought me this far. My profound gratitude goes to my supervisor Mr. J.K Turkson whose guidance, direction and patience facilitated the completion of this thesis. I am also indebted to the Principal and staff of the Midwifery Training School Nandom especially Madam Victoria Dangori (the Principal) for their support and encouragement which enabled me to carry out this work successfully. My gratitude also goes to the management and staff of St. Theresa's Hospital Nandom especially Rev. Sis. Juliana Akayeti and Rev. Fr. DR. Stephen Koya, for their co-operation and immense contributions without which this project would not have been successful. My appreciation also goes to my parents Mr. Martin Akuleme Akugre and Mrs. Mary A. Akuleme and my siblings John and his wife Agnes, Stephen and his wife Rihana, James, Monica, Priscilla and Martina for their love and support. My last appreciation goes to my wife Juliet and son Godwin for their love, support and encouragement that has brought me this far.
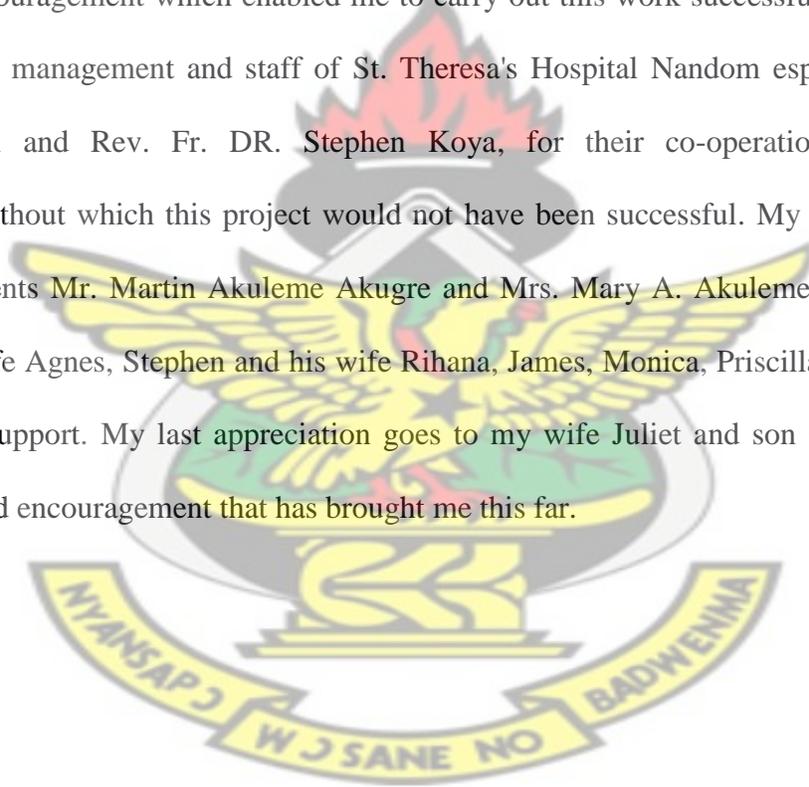
DEDICATION

I dedicate this work to my beloved wife, Juliet and my wonderful son, Godwin

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

CHAPTER ONE

INTRODUCTION

1.0 Background of the study

Performance management is a broad term which is believed to have been first coined by Dr. Aubrey Daniels in the late 1970s to describe a technology (i.e. science imbedded in applications methods) for managing behavior and results of people at the workplace. Performance management (PM) includes activities that ensure that goals are consistently being met in an effective and efficient manner. Performance management can focus on the performance of an organization, a department, employee, or even the processes to build a product or service, as well as many other areas.

Performance Management is often applied in the workplace, and wherever people interact such as schools, churches, community meetings, sports teams, health setting, governmental agencies, and even political settings. In fact it is found anywhere in the world people interact with their environments to produce desired effects. It is often more effective in the private sector organizations and businesses where the focus of employers is directed towards achieving higher employee work output in other to break even, thereby maintaining high levels of profits to ensure the survival and growth of the business.

Armstrong and Baron (1998) defined it as a strategic and integrated approach aimed at increasing the effectiveness of companies by improving the performance of the people who work in them and by developing the capabilities of teams and individual contributors.

The practice of Performance Management is fast becoming more recognized as a vital tool in the management of employee performance within organizations in our contemporary and globalised free enterprise economies. This is so because corporate bodies all over the world are faced, if not bedeviled, with intense competition from rival businesses of same industry mainly due to the rapid technological advancement which brought in its wake innovative ways of producing and providing goods and services. The end results is need for sustained efforts of management at ensuring that employees exert their maximum energies and skills on their jobs to produce the best outputs/ outcomes in terms of quality and quantity while maintaining best practices in the form of the most desirable behaviours, attitudes and conducts.

One major benefit of Performance Management is that, managing employee or system performance facilitates the effective delivery of strategic and operational goals. Studies have shown that there is a clear and immediate correlation between using performance management programs or software and improved business and organizational results.

In the developing world especially Africa, performance management is often virtually relegated to the background in public sector organizations. This is buttressed in an observation made by Martinez and Martineau (1996) that Performance Management is broadly absent from national health systems in the developing world and few references have been found in the published literature about its application in this context. They however, also observed that the situation is changing rapidly as several studies and meetings have highlighted the importance of further understanding how staff performance can become a central aspect in the management and organization of health services in the /developing world. Some forms of performance

management, such as quality assurance, are already part of several developing countries health systems, at least in so far as these approaches appear in the policy statements (LSTM 2000).

The researcher therefore found it interesting and necessary to evaluate the Performance Management practices in St. Theresa's Hospital, Nandom, and its effectiveness in ensuring the optimum performance of employees.

1.1 Problem statement

St. Theresa's Hospital - Nandom is a Catholic Mission Hospital, a member of the Christian Health Association of Ghana (CHAG) and part of Ministry of Health and Ghana's healthcare delivery system. The contributions of the hospital in solving the healthcare needs of the people of Nandom and its surroundings through the provision of quality affordable health services is of great relevance and can never be overemphasized.

The hospital is one of the best performing healthcare institutions in the country attracting clients from various parts of the country as well neighboring countries such as Burkina Faso and Code devoir. In addition, the Hospital is strategically located at the Northwestern corner of the Upper West Region and is the only healthcare facility accessible to the people of Nandom and its surrounding towns and villages. The hospital also combines the orthodox medical practice with Christ's (Catholic) faith healing which is noted to have the tendency to boost the psychological mindset of patients. It may not be far-fetched to think that for St. Theresa's Hospital to be so efficient and highly performing, attracting highly qualified health professionals and administrators as staff despite its remote location, there must be an effective

performance management system in place to motivate staff. This will be contrary to the general perception and the observations made by Martinerz and Martineau about the virtual absence or ineffectiveness of performance management practices in healthcare systems in developing countries.

It is for this reason that the researcher found it necessary to embark on this study. The main concern of the researcher was to ascertain if there is an effective performance management system at the St. Theresa's Hospital in Nandom and how performance management practices are applied to enhance the performance of employees and ensure an efficient service delivery system.

1.2 Objectives of the study

The objectives of the study are grouped into two. These are general objectives and specific objectives.

1.2.1 General Objective

The general objective is to assess the effectiveness of the various performance management practices at St. Theresa's hospital.

1.2.2 Specific objectives

The following are the specific objectives of the study:

(i) To find out if performance management is practiced at St. Theresa's Hospital

(ii) To determine how performance management practices are applied at St. Theresa's Hospital.

(iii) To find out whether employees are satisfied with current performance management practices at St. Theresa's Hospital

(iv) To identify the strengths and weaknesses of the various performance management practices at St. Theresa's Hospital.

(v) To make recommendations for possible improvement in the performance management practices at St. Theresa's Hospital.

1.3 Research questions

In relations to the above objectives the following are the research questions:

(i)   Is performance management practiced at St. Theresa's Hospital?

(ii)   How is performance management applied at St. Theresa's Hospital?

(iii)   Are employees satisfied with the current performance management practices at St. Theresa's Hospital?

(iv)   What are the strengths and weaknesses of the performance management practices at St. Theresa's Hospital?

(v)   How can the weaknesses of the performance management system at St. Theresa's hospital be improved to motivate employees for higher performance?

1.4 Significance of the study

As a public sector and mission organization, the hospital receives its major funding from the government of Ghana especially in employee compensation. However, like any other healthcare facility the hospital has a responsibility of generating its own internal funds to take

care of most of its running costs because government's funding sometimes does not come in handy. There is therefore the need to operate a highly efficient performance management system that ensures employees of the hospital bring out their utmost best in terms of quality and quantity of work outputs or outcomes.

There is the need for the hospital to maintain a high quality service delivery system in order to attract more clients and remain competitive against other healthcare providers like other nearby hospitals, private medical/healthcare providers, traditional healers/ herbal medical providers and faith healers. These alternative healthcare providers are considered the main competitors of St. Theresa's Hospital considering the fact that the people in the catchment area of the hospital predominantly are in the low income brackets and their ability to access healthcare is defined by its affordability and availability. For instance most clients who may not be able to afford to go to hospital would always like to patronize herbal/traditional medicine and faith healers.

The research study therefore seeks to investigate the various performance management practices of St. Theresa's Hospital, Nandom in the Upper West Region and how they are applied to ensure that staff performances are at their best. This study also gave a broader view or served as a typical example or case study on how performance management is applied in mission hospitals and public sector healthcare systems in Ghana. It also aimed to sensitize or remind the management and staff of St. Theresa's Hospital of the significance of performance management in the organization.

1.5 Brief Methodology

The main sources of data included: (i) Primary Data: Data collected through the use of interviews and questionnaires (ii) Secondary Data: Data obtained from Past records. The methods and tools for data collection included: (i) Interviews (ii) QuestionnairesThe data collected for this research was analyzed with the help of Statistical Package for Social Scientists (SPSS) software and the results were presented in chapter four. It has been fully explained with defined illustrations in tabular form for easy understanding.

The analyzed data was presented using tables and statistical diagrams such as pie charts and bar charts.

1.6 Scope of the study

The study is limited to St. Theresa's Hospital in Nandom in the Upper West Region of Ghana. The Hospital is one of the healthcare institutions of the Ministry of Health /Ghana Health Service (GHS) and a member of the Christian Health Association of Ghana (CHAG). The study covered sampled staff from almost all departments or units in the hospital. Forty percent of the entire population of permanent staff and health extension workers was considered as the sample size.

1.7 Limitations of the study

The busy schedules of top management and health professionals of the Hospital gave them limited time to respond adequately to demands of the research study. Most public healthcare facilities are inadequately staffed in Ghana and Nandom Hospital is no exception. This makes it quite difficult to get the health professionals to respond to questionnaires adequately. Another

limitation encountered was the difficulty in explaining some technical Human Resource Management (HRM) terms in the questionnaire for the understanding of all employees including those who do not have much training in Human Resource Management.

1.8 Organization of the study

The study is organized into five chapters. These are: Chapter One: Introduction, covering background of the study, Problem statement, General and Specific Objectives, Research Questions, Significance of the study, Brief Methodology, Scope of the study, Limitations of the study and Organization of the study; Chapter Two: Literature Review under which literature relevant to the study was critically reviewed , and Chapter Three: Methodology and Organizational Profile. The rest are Chapter Four: Data Presentation, Analysis and Discussion and lastly Chapter Five on Summary of Findings as well as Conclusions and Recommendations.
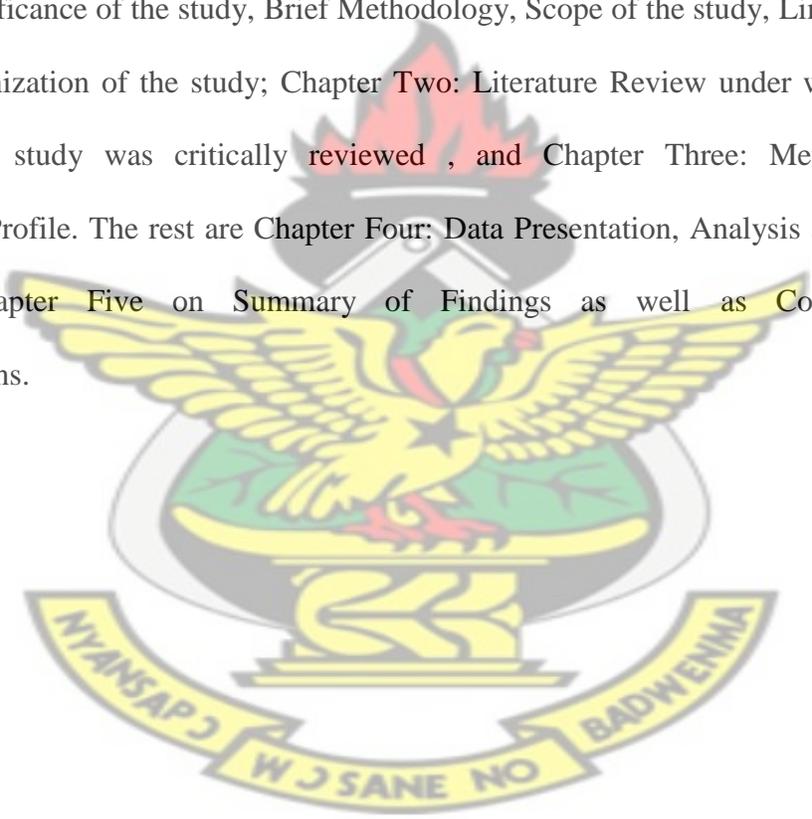
CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

A great deal of literature has been written by previous researchers, consultants and experts in the field of performance management. The researcher therefore took the pain to critically review some of the literature considered to be of relevance to the topic under study.

2.1 Definition of performance management

Armstrong and Baron (1998) asserted that if you can't define performance, you can't measure or manage it. This is a challenge to managers because the overwhelming debate on performance today is whether it entails behavior, results, or both. Performance is referred to as being about doing the work, as well as being about the results achieved (Otley, 1999). Performance is a multidimensional construct, the measurement of which varies, depending on a variety of factors that comprise it (Fitzgerald and Moon, 1996). Others argue that performance should be defined as the outcomes of work because they provide the strongest linkage to the strategic goals of the organization, customer satisfaction, and economic contributions (Rogers, 1994).

It is important to determine whether the measurement objective is to assess performance outcomes or behavior. Therefore, an organization should distinguish between outcomes (results/output), behavior (the process) and appropriate performance measurement devices. Campbell (1990) subscribes to the premise that performance is behavior and should be distinguished from the outcomes because they can be contaminated by system factors, which

are outside the control of the performer. What is implied in Campbell's argument is that performance measurement can only focus on an individual/group's final output, if and only if, system factors are controllable. In contrast, Edis (1995) argues that performance is something that the person leaves behind and that exists apart from the purpose.

This paper adopts a comprehensive view that performance is achieved if it is defined as embracing three interrelated variables: behaviors (processes), outputs, and outcomes (value added or impact). Bromwich (1990) also supports this view by arguing that performance means both behaviors and results adding that behaviors emanate from the performer. Conceivably, behaviors, results and value-added are inseparable and interdependent variables. They are all important in performance management schemes. The next stage is to pinpoint the attributes of performance that Public Sector Organization managers have to be aware of when managing and measuring performance.

In his research entitled "Assessing Quality, Outcome, and Performance Management" Martinez (2001) of the institute of Health Sector Development in London, observed that while in the sixties and seventies, performance management was often equated to some form of merit-rating, in the eighties and nineties it has been linked to 'new' management paradigms like Management by Objectives (MBO), Performance Appraisals, Behavioral Anchored Rating Scales, and Performance Related Pay.

Fowler (1990) defines performance management as the organization of work to achieve the best possible result. From this simple definition, performance management is not a system or technique. It is the totality of day to day activities of all managers. Fowler's definition is similar to that of Mullins (2010) who sees performance management as a process of management

20

which involves continuous judgment of the skills, behaviors, activities and contributions of staff. According to him, it is a process which brings together many aspects of people management. It is about performance improvement at individual, team, department and organizational levels. It is also about staff development as a means to both improve and enhance performance and as a means of managing behavior and attitudes.

Fletcher (1992) also defines performance management from the organizational view point. He sees it as an approach to creating a shared vision of the purpose and aims of the organization, helping individual employee understand and recognize their part in contributing to them and in so doing, manage and enhance the performance of individuals in the organization.

Mackie (2008) in his Scottish Government Social Research write-up, defined performance management as commonly used today to describe a range of managerial activities designed to monitor, measure and adjust aspects of individual and organizational performance through management controls of various types. He added that performance management integrates the management of organizational performance with the management of individual performance.

Arguinis (2009), another renowned expert in the field of performance management, defined performance management as a continuous process of identifying, measuring, and developing the performance of individuals and teams aligning performance with the strategic goals of the organization. He went further on to clarify the following terms in his definition:

Continuous process: Performance management is ongoing. It involves a never-ending process of setting goals and objectives, observing performance, and giving and receiving ongoing coaching and feedback.

Alignment with strategic goals: Performance management requires that managers ensure that employees' activities and outputs are congruent with the organization's goals and consequently, help the organization gain a competitive advantage. Performance management therefore creates a direct link between employee performance and organizational goals and makes the employee contribution to the organization explicit.

Armstrong and Baron (1998) define performance management by eliciting the characteristics of the performance management system (represented below). This is seen more as a conceptual, organizational, operational definition that has been found useful by authors researching in performance management in health systems.

2.2 Characteristics of a Performance Management System

According to Armstrong and Baron (1998), performance management has the following characteristics:

i.   It communicates the vision of its objectives to its employees

ii.   It sets departmental, unit, team and individual performance targets that are related to wider objectives.

iii. It conducts a formal review of progress towards these targets.

iv.   It uses the review process to identify training, development and rewards outcomes.

v.   It evaluates the whole process in order to improve effectiveness.

vi.   It defines a managerial structure to look after all the characteristics above, so that individual staff and managers are assigned specific responsibilities to manage the Performance Management System.

Armstrong and Baron (1998) further observed that, performance management organizations:

i.   Express performance targets in terms of measurable outputs, accountabilities and training/learning targets.

ii.   Use formal appraisal procedures as ways of communicating performance requirements that are on a regular basis.

iii. Link performance requirements to pay, especially for senior managers

The Charted Institute of Personnel Development (CIPD) cited in Mullins (2010) also asserted that performance management is about establishing a culture in which individuals and groups take responsibility for the continuous improvement of the business processes and their own skills, behaviors and contributions. The CIPD emphasized that it is about sharing expectations. Managers can clarify what they expect individuals and teams to do; likewise individuals and teams can also communicate their expectations of how they should be managed, what they need to enable them do their jobs. It follows that performance management is about interrelationships between managers and teams, between members of teams and so on, and is therefore a joint process.

Similar views about the definition of performance management were held in the New York Times (about.com, 2012) where it is seen as a process of creating a work environment or setting in which people are enabled to perform to the best of their abilities. It was further emphasized in the New York Times that many writers and consultants are using the term ''performance management'' as a substitution for the traditional appraisal system. And that performance management is a much broader work system that begins when a job is defined

as needed and ends when an employee leaves your organization. According to the New York Times (2012), a performance management system includes the following practices:

(i) Develop job descriptions.

(ii) Select appropriate people with appropriate selection process.

(iii) Negotiate requirements and accomplishment-based standards, outcomes, and measures.

(iv) Provide effective orientation, education and training.

(v) Design effective compensation and recognition systems that reward people for their contributions.

(vi) Provide promotional career development opportunities for staff.

(vii) Assist with exit interviews to understand why valued employees leave the organization.

2.3 How performance management is applied in health care organizations: The models, methods and indicators used

Boland and Fowler (2000, p.1) asserted that: "Not too long ago, it was generally considered impossible to measure performance in the public sector". A substantial amount of literature on performance management in the public sector has developed since the late 70s, encompassing terms such as performance measurements, performance indicators, performance appraisal and review, value for money and, more recently, quality assurance. Public sector (service) organizations differ from their private sector counterparts: there is no profit maximization, there is little potential for income generation and, generally speaking, there is no bottom line against which performance can be measured (Martinez, 2001).

It was not until the emergence of organizational and managerial reforms in the 80s and 90s that public sector performance measurement became fully established. Boland and Fowler (2000) emphasize the fact that performance management were still in its infancy or at least its adolescence. They further observed that consequently, the approaches used are still in need of further investigation and development, particularly in terms of understanding the actions arising from the measurement and evaluation process.

The above assertion of Boland and Fowler is corroborated by an earlier observation of Martinez and Martineau (1996) that performance management is broadly absent from national health systems in the developing world and few references have been found in the published literature about its application in this context. They however, further observed that this situation is changing rapidly as several studies and meetings have highlighted the importance of further understanding how staff performance can become a central aspect in the management and organization of health services in the /developing world.

Some forms of performance management, such as quality assurance, are already part of several developing countries health systems, at least in so far as these approaches appear in the policy statements (LSTM 2000). Accreditation, benchmarking and evidence-based medicine are also concepts and tools that are permeating rapidly into the developing world. It is only a matter of time until these approaches become more firmly established. However, no matter how imminent such changes may be, the fact remains that it is far too early to derive conclusions about the use and application of performance management in developing countries. The performance management models so far introduced is in pilot stages and it is not clear whether

their use is delivering or will deliver the expected outcomes in terms of overall organizational performance, improved service quality or health outcomes of the population (LSTM 2000).

2.4 Evolutions of performance management processes over time

According to Martinez (2001), initially, performance management systems were viewed almost as stand-alone processes by which objectives were assigned to individual staff members and then reviewed periodically. The most commonly used approach to performance management in public sector organizations was staff appraisal.

From the use of individual tools, performance management adopted in the 1980s a more systematic approach by integrating it with other planning and management systems. This required the breaking of the walls that had long separated the human resource and other organizational functions, and their respective departments over many years. Hence, performance management became a process by which all managers and staff look at the performance of individuals and teams in the context of organizational objectives. The focus of performance management became the linking of individual with organizational targets and the means to set, measure (and sometimes reward) the attainment of such objectives (Boland and Fowler 2000; Walters 1995; Storey and Sisson 1993).

Martinez summarized his view of the performance management process as involving the following:

i. Setting strategic objectives and targets for the organization and for its different units before attempting to establish individual staff performance targets.

ii. Identifying and implementing tasks to achieve those objectives, and aligning individual targets to the fulfillment of those tasks.

iii. Monitoring performance of those tasks at organizational, unit and individual targets to the fulfillment of those tasks.

iv. Reviewing objectives and targets in the light of the outcome.

2.4.1 Performance Appraisal as a tool of Performance Management

According to Mullins (2010), one of the tools of performance management (PM) is the performance appraisal (PA) or personal development review. This is the formalized regular review of the individual's performance where potential is highlighted and training and development needs identified. This meeting should review performance against agreed criteria and measures based on expectations and objectives which ultimately derive from the organization's business plan (Mullins 2010). Mullins and many other writers emphasize that performance appraisal which is usually an annual review should not be a top-down process which is done to the employee but an opportunity for two way dialogue about performance in the past year, expectations and objectives for the coming year and any learning and development needs that may arise as a result.

The key elements enumerated in the New York Times coupled with the point by Mullins go to buttress the point made earlier about the broad nature of performance management compared to performance appraisal and also validates the acclaimed fact that performance appraisal is a part of performance management.

2.4.2   Methods of Appraising/ Managing Employee Performance

According to Turkson (2007) a renowned Ghanaian author in the field of business management, several methods are used to appraise employees. The following methods were outlined by him.

(i)   Descriptive Essay Method

This method of appraisal requires the appraiser to give a written profile of the performance of the appraisee on his achievements and failures (i.e. his strengths and weakness are measured). The main advantage of this method is that, the appraiser is free to write a detailed assessment of the appraisee without any restriction unless otherwise stated. The main drawback is that if the appraiser has not got control over the language he is using to conduct the appraisal, he may not be able to give a fair assessment of the employee being appraised (Turkson, 2007).

(ii)   Graphic Rating System

The rating method of appraisal is where employees are rated on a scale against certain characteristics such as quantity/quality of work, dependability, job knowledge, attendance, accuracy, respect for authority etc. These work characteristics may be graphically rated against excellent, very good, good, fair and poor. Rating method of appraising often tend to cluster in the middle between excellent and poor. Rating method also has a halo effect. That is, one graded characteristic is likely to influence another. For example if an appraiser rates knowledge of work as very good it will be very difficult for him to rate work output as poor (Turkson, 2007).

(iii)   Management by Objective (MBO)

This method of appraisal is based on the principle of management by objectives where the appraisal is based on the standard or the target to be achieved within a period. At the end of the period the appraisee's actual performance is measured against the standard or the target set. This method of appraising an employee is noted to raise the moral of the employee since he is involved in the whole process of appraisal.

It is often argued that the appraisee should not have access to his appraisal result. Turkson (2007) asserted that this is irregular because if the appraiser has objectively appraised the appraisee, there is no reason why the appraisee should not have access to the form to comment on areas he feels he has been unfairly treated or to discuss with his superior areas where he needs to improve upon his performance.

Graham and Bennett (1992) cited in Turkson (2007) observed that MBO is intended to encourage employee participation and increase job satisfaction by giving the employee a sense of achievement and involvement with his or work.

(iv)   Checklist

The checklist is a method of performance appraisal through which the appraiser supplies a YES or NO response to a series of questions concerning the employee's behavior. YES or NO responses apply to different categories of jobs. Examples of questions that may feature under the checklist are stated below.

(a) Has the employee got good human relations?

(b) Is the employee willing to do overtime work?

(c) Is the employee a team player?

These questions require YES and NO answers (Turkson, 2007).

(v) Behaviourally anchored rating scale (BARS)

A BAR is a method of performance appraisal which is designed to assess behavior required to successfully perform a job. The main emphasis is on behaviours demonstrated on the job. The main assumption is that the functional behaviour will result in efficient job performance. For example, a behaviour anchor of: He is always the first person to report for duty and produces the maximum output may have a scale value of (90%) or Excellent. Again, a behavior anchor of: He flouts legitimate instructions from superiors' may also have a value scale of (5%) or unacceptable (Turkson, 2007).

(vi) Critical incident

Under this method, the appraiser keeps a written record of incidents that describe both negative (bad) and positive (good) behavior of an employee. The appraiser thus uses these incidents over time as a basis for evaluating an employee's performance. A perfect example in Ghana was a police woman who was able to foil an armed robbery attack on traders on the highway in 2005 and was promoted (Turkson 2007).

2.5 Components/ key elements of a performance management system/ process

The U.S. Office of Personnel Management (OPM) indicates that Performance Management consists of a system or process whereby:

1. Work is planned and expectations are set

2. Performance of work is monitored

3. Staff ability to perform is developed and enhanced

4. Performance is rated or measured and the ratings summarized

5. Top performance is rewarded.

According to the New York Times (about.com, 2012), a performance management system includes the following practices:

a. Develop job descriptions.

b. Select appropriate people with appropriate selection process.

c. Negotiate requirements and accomplishment-based standards, outcomes, and measures.

d. Provide effective orientation, education and training.

e. Design effective compensation and recognition systems that reward people for their contributions.

f. Provide promotional career development opportunities for staff.

g. Assist with exit interviews to understand why valued employees leave the organization.

Similar submissions on the components of the performance management system were expressed by Aguinis (2009).

2.6 Aguinis view point of the Performance Management (PM) System/ Process

Having made an earlier submission that performance management is an ongoing process, Aguinis (2009) further argued that performance management includes several components which are closely related to each other and that the poor implementation of any of them has a negative impact on the performance management system. He listed the components of performance management process as follows: (1) Prerequisites (2) Performance Planning (3) Performance Execution (4) Performance Assessment (5) Performance Review (6) Performance Renewal and Re-contracting. The following are further analysis made by Aguinis on the various components/stages of the performance management process:

Stage 1: Prerequisites

According to Aguinis (2009), there are two important prerequisites that are required before a performance management system is implemented: (1) Knowledge of the organization's mission and strategic goals. (2) Knowledge of the job in question (i.e. job description).

i. *Knowledge of an organization's mission and strategic goals:* Aguinis asserted that strategic planning allows an organization to clearly define its purpose and reason for existing, where it wants to be in future, the goals it wants to achieve, and the strategies it will adopt to attain these goals. Once the goals of the organization have been established, similar goals cascade downward, with departments setting objectives to support the

organization's overall mission and objectives. This cascading continues downwards until each employee has a set of goals compatible with those of the organization.

ii.   *Knowledge of the job in question (job description):* Aguinis (2009) again emphasized that knowledge of the job in question is done through job analysis and went further to define job analysis as a process of determining the key components of a particular job including activities, tasks, products, services, and processes.

Job analysis helps to obtain information regarding the tasks carried out and the knowledge, skills and abilities (KSA) required of a particular job. Knowledge includes having the information needed to perform the work, but not necessarily having done it. Skills refer to required attributes that are usually required by having done the work in the past. Abilities do not refer to having the physical, emotional, intellectual, and psychological aptitude to perform the work but neither having done it or having been trained to do the work as required.

The tasks and KSAs required for the various jobs are typically presented in the form of a job description, which summarizes the job duties, needed KSAs and working conditions for a particular job.

Stage 2: Performance Planning

Aguinis again emphasized that at the beginning of each performance cycle, the supervisor and the employee meets to discuss and agree upon what needs to be done and how it should be done. This performance planning discussion *includes* a consideration of both *results* and *behaviors* as well as a *developmental plan*.

1. Results: This refers to what needs to be done or the outcomes an employee must produce. A consideration of the results needs to include the *key accountabilities* or broad areas of a job which the employee is responsible for producing results.

2. Behaviors: Although it is important to measure results, an exclusive emphasis on results can give a skewed or incomplete picture of employee performance. So behaviors or how a job is done are an important component of the planning phase. A consideration of behaviors includes discussing *competencies* which are measurable clusters of KSAs that are critical in determining how results will be achieved.

3. *Development plan***:** An important step before the review cycle begins is for the supervisor and employee to agree on a development plan. This plan should include identifying areas that need improvement and setting goals to be achieved in each area. Development plan actually includes both results and behaviors (Aguinis, 2009).

Stage 3: Performance execution

Once the review cycle begins, the employee strives to produce the results and display the behaviors agreed upon earlier as well as to work on developmental needs. The employee has primary responsibility and ownership of the process. Employee participation does not begin at the performance execution stage, however.

As noted earlier, employees need to have active input in the development of the job descriptions, performance standards, and the creation of the rating form. In addition, at later stages, Performance Management employees are active participants in the evaluation process in

that they provide a self - assessment and the performance review interview is a two - way communication process. But at the performance execution stage the following factors need to be present:

1. *Commitment to goal achievement:* The employee must be committed to the goals that were set of which he was an active participant in the goal setting.

2. *Ongoing performance feedback and coaching:* The employee should take a proactive role in soliciting performance feedback and coaching from his/ her supervisor.

3. *Communication with supervisor: Supervisors are busy with multiple obligations.* The burden is on the employee to communicate openly and regularly with the supervisor.

4. *Collecting and sharing performance data:* The employee should provide the supervisor with regular updates on progress towards goal achievement.

5. *Preparing for performance reviews:* The employee should not wait until the end of the review cycle to prepare for review. Instead, the employee should engage in an ongoing and realistic self-appraisal, so immediate corrective measures can be taken if necessary (Aguinis, 2009).

According to Aguinis (2009), although the employee has primary responsibilities for performance execution, the supervisor also needs to do his or her share of the work. Supervisors have primary responsibility over the following issues:

a) *Observation and documentation:* Supervisors must observe and document performance on a daily basis. It is important to keep track of examples of both good and poor performance.

b) *Updates:* As the organization's goals may change, it is important to update and revise initial objectives, standards, and key accountabilities (in the case of results) and competency areas (in the case of behaviors)

c) *Feedback:* Feedback on progression toward goals and coaching to improve performance should be provided on a regular basis, and certainly before the review cycle is over.

d) *Resource:* Supervisors should provide employees with resources and opportunities to participate in development activities. Thus, they should encourage (and sponsor) participation in training, classes, and special assignments. Overall, supervisors have a responsibility to ensure that the employee has the necessary supplies and funding to perform the job properly.

e) *Reinforcement:* Supervisors must let employees know that their outstanding performance is noticed by reinforcing effective behaviors and progress toward goals. Also, supervisors should provide feedback regarding negative performance and how to remedy the observed problem. Observation and communication are not sufficient. Performance problems must be diagnosed early and appropriate steps must be taken as soon as the problem is discovered (Aguinis, 2009).

What determines whether an employee is performing well or not? According to Aguinis, a combination of three factors allows some people to perform at higher levels than others: (1) declarative knowledge, (2) procedural knowledge, and (3) motivation.

(1) Declarative knowledge is information about facts and things, including information regarding a given task's requirements, labels, principles, and goals.

(2) Procedural knowledge is a combination of knowing what to do and how to do it and includes cognitive, physical, perceptual, motor, and interpersonal skills.

(3) Motivation involves three types of choice behaviors: (1) choice to expend effort (for example, " I will go to work today "), (2) choice of level of effort (for example, " I will put in my best effort at work " versus " I will not try very hard "), and (3) choice to persist in the expenditure of that level of effort (for example, " I will give up after a little while " versus " I will persist no matter what ").

Because performance is affected by the combined effect of three different factors, managers must find information that will allow them to understand whether the source of the problem is declarative knowledge, procedural knowledge, motivation, or some combination of these three factors (Aguinis, 2009).

Stage 4: Performance assessment

In the assessment phase, both the employee and the manager are responsible for evaluating the extent to which the desired behaviors have been displayed, and whether the desired results have been achieved. Although many sources can be used to collect performance information (e.g. peers, subordinates), in most cases the direct supervisor provides the information. This also includes an evaluation of the extent to which the goals stated in the development plan have been achieved.

It is important that both the employee and the manager take ownership of the assessment process. The manager fills out his/her appraisal form, and the employee and the supervisor are active participants in the evaluation process, there is a greater likelihood that the information will be used productively in the future. Specifically the inclusion of self-ratings help emphasize possible discrepancies between self-views and the views that important others (i.e., supervisors)

have of our behavior. It is the discrepancy between these two views that is most likely to trigger development efforts, particularly when feedback from the supervisor is more negative than are employee self-evaluations (Aguinis, 2009).

The inclusion of self-appraisals is also beneficial regarding important additional factors. Self-appraisals can reduce employees' defensiveness during an appraisal meeting and increase employee satisfaction with the performance management system, as well as enhance perceptions of accuracy and fairness and therefore and acceptance of the system. In summary, both the employee and the supervisor must evaluate employee performance.

Stage 5: Performance Review

The performance review stage involves the meeting between the employee and the manager to review their assessments. This meeting is usually called the appraisal meeting or discussion. The appraisal meeting is important because it provides a formal setting in which the employee receives feedback on his or her performance. In spite of its importance in performance management, the appraisal meeting is often regarded as the ''Achilles' heel of the entire process'' (Kikoski, 1999). This is because many managers are uncomfortable providing performance feedback, particularly when performance is deficient (Ghorpade & Chen, 1995). This high level of discomfort, which often translates into anxiety and the avoidance of the appraisal interview, can be mitigated through training those responsible for providing feedback.

Providing feedback in an effective manner is extremely important because it leads not only to performance improvement but also to employee satisfaction with the system. For example, a study involving more than two hundred teachers in Malaysia, including individuals with

distinct Chinese, Malaysian, and Indian cultural backgrounds, found that when they received effective feedback, they reported greater satisfaction with the system, even when they received low performance ratings (Rahman, 2006). At this point, however, let's emphasize that people are apprehensive about both receiving and giving performance information, and this apprehension reinforces the importance of a formal performance review as part of any performance management system (Aguinis, 2009).

In general, Grossman and Parkinson (2002) offer the following six recommendations for conducting effective performance reviews:

1. Identify what the employee has done well and poorly by citing specific positive and negative behaviors.

2. Solicit feedback from your employee about these behaviors. Listen for reactions and explanations.

3. Discuss the implications of changing, or not changing, the behaviors. Positive feedback is best, but an employee must be made aware of what will happen if any poor performance continues.

4. Explain to the employee how skills used in past achievements can help him or her overcome any current performance problems.

5. Agree on an action plan. Encourage the employee to invest in improving his or her performance by asking questions such as "What ideas do you have for _____?" and "What suggestions do you have for ____?"

6. Set up a meeting to follow up and agree on the behaviors, actions, and attitudes to be evaluated (Aguinis, 2009).

Stage 6: Performance Renewal and Re-contracting

The final stage in the performance process is renewal and re-contracting. Essentially, this is identical to the performance planning component. The main difference is that the renewal and re-contracting stage uses the insights and information gained from the other phases. For example, some of the goals may have been set unrealistically high given an unexpected economic downturn. This would lead to setting less ambitious goals for the upcoming review period. The performance management process includes a cycle that starts with prerequisites and ends with performance renewal and re-contracting. The cycle is not over after the renewal and re-contracting stage. In fact, the process starts all over again: there needs to be a discussion of prerequisites, including the organization's mission and strategic goals and the job's KSAs. Because markets change, customers' preferences and needs change, and products change, there is a need to continuously monitor the prerequisites so that performance planning, and all the subsequent stages, are consistent with the organization's strategic objectives.

 Recall that, in the end, one of the main goals of any performance management system is to promote the achievement of organization - wide goals. Obviously, if managers and employees are not aware of these strategic goals, it is unlikely that the performance management system will be instrumental in accomplishing the strategic goals (Aguinis, 2009). Aguinis (2009) went further to represent the whole performance management process in an elaborate diagramme as shown in figure 2.1.
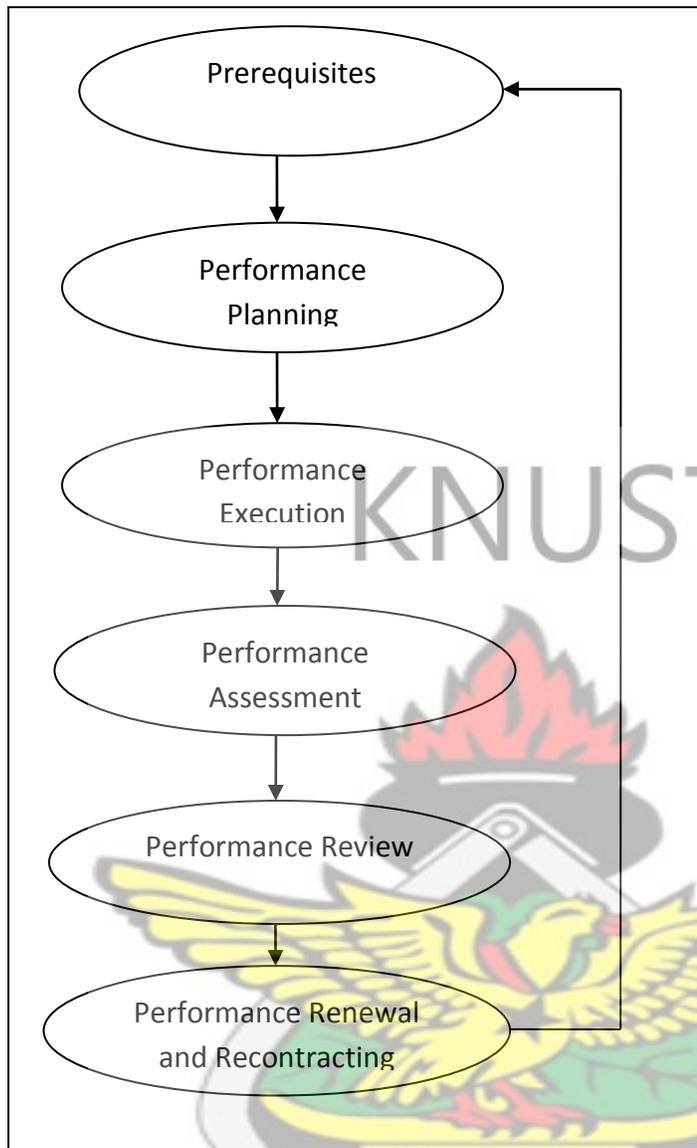
Fig.2.1 Performance Management Process

Source: Aguinis, 2009

2.7 Summary of Six Purposes of a Performance Management System

Cleveland and Murphy (1989) cited in Aguinis (2009) outlined in summary, six purposes (benefits) of performance management systems:

Strategic: It links the organization's goals with individual goals, thereby reinforcing behaviors consistent with the attainment of organizational goals.

Administrative: It is a source of valid and useful information for making decisions about employees, including salary adjustments, promotions, employee retention or termination, recognition of superior performance, identification of poor performers, layoffs, and merit increases.

Communication: It allows employees to be informed about how well they are doing, to receive information on specific areas that may need improvement, and to learn about the organization's and the supervisor's expectations and what aspects of work the supervisor believes are most important.

Developmental: It includes feedback, which allows managers to coach employees and help them improve performance on an ongoing basis.

Organizational maintenance: It yields information about skills, abilities, promotional potential, and assignment histories of current employees to be used in workforce planning as well as assessing future training needs, evaluating performance achievements at the organizational level, and evaluating the effectiveness of human resource interventions (for example, whether employees perform at higher levels after participating in a training program).

Documentation: It yields data that can be used to assess the predictive accuracy of newly proposed selection instruments as well as important administrative decisions. This information will be especially useful in the case of litigation.

2.8 Challenges of performance management systems

According to Brown (2008), County Executive Officer, County of Santa Barbara, CA who presented an Issue Paper at the National Performance Management Advisory Commission on the Topic: "*Challenges to Implementing Performance Management*", eight (8) key challenges were identified as barriers to public management implementation of performance management systems:
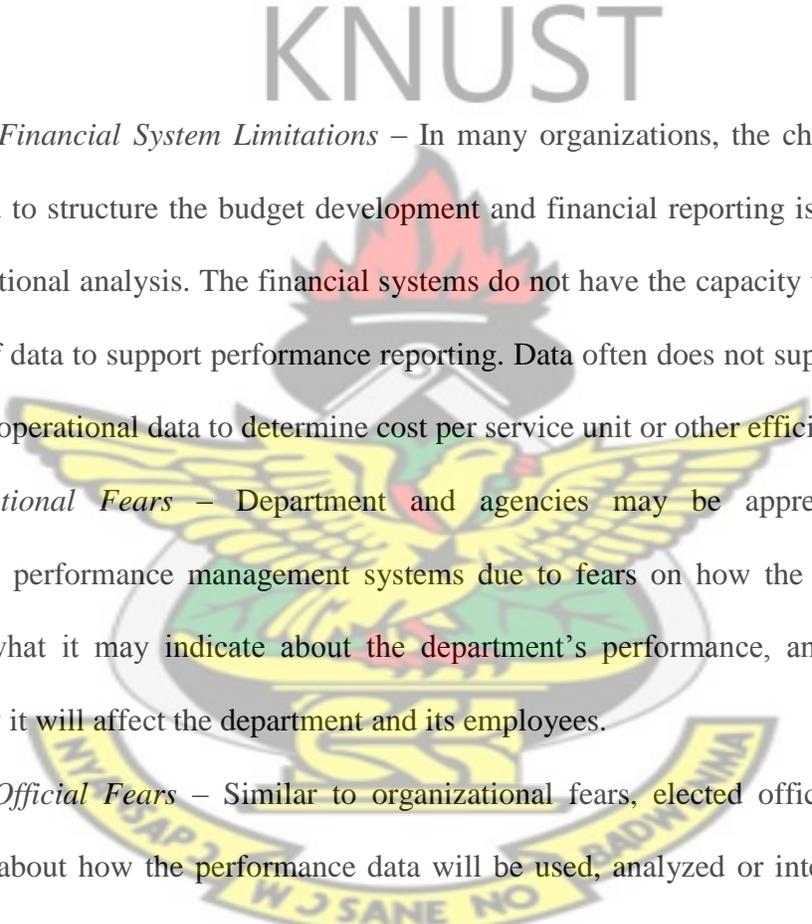
A.   *Existing Financial System Limitations* – In many organizations, the chart of accounts which is used to structure the budget development and financial reporting is not aligned to support operational analysis. The financial systems do not have the capacity to for reporting and sorting of data to support performance reporting. Data often does not support linkage of financial and operational data to determine cost per service unit or other efficiency metrics.

B.   *Organizational Fears* – Department and agencies may be apprehensive about implementing performance management systems due to fears on how the results will be interpreted, what it may indicate about the department's performance, and/or a lack of clarity of how it will affect the department and its employees.

C.   *Elected Official Fears* – Similar to organizational fears, elected officials may have similar fears about how the performance data will be used, analyzed or interpreted by the public. Additionally, officials may be reluctant to support investments in performance management systems if there may not be a clear return on the investment. Additionally, elected officials may fear that performance data may limit political flexibility and fear that data will limit the ability to "data" with other political realities.

D.   Performance Management considered too hard! – Performance management can be overwhelming endeavor for some organizations and can be viewed complex, time-consuming, and simply requiring a tremendous effort given resource constraints. Organizational culture may work against the drive to support implementation.

E.   Strategic Planning Process Overload – Experiences in strategic planning have been varied and have at times focused on process, planning and not performance and results. Leading some public officials and managers to believe that the process is not substantial and doesn't significantly impact organizational results. An initial implementation period for performance management, a so-called, "honeymoon phase" can be unnecessary prolonged and not yield results for elected or appointed officials.

F.   Regular Review and Use – If data is not being used for decision-making, it loses its value to the organization and leads to eventual questioning of why the information is being collected or reported. Agencies need to develop policies on how performance results will be used for operational and fiscal decision-making.

G.   Looking to Software as the Solution – Too often organizations rely on software as a precondition for performance management implementation without recognition that software doesn't change behavior. Secondly, private sector software has only recently transitioned to the public sector and able to meet government needs.

H.   Believing This Too Shall Pass - Any major shift in government thinking is phased in over decades and there is a hesitation to invest in performance management because managers believe it "won't stick". If performance management isn't viewed as integral part of job performance, managers will not invest the time and energy to support its success.

2.9 Developing Performance Management Standards

According to Carter and McMahon's (2005, p.35) book: '*Improving Employee performance through workplace coaching: A practical guide to performance management'*, It is difficult to provide generic examples of the development process or the actual performance standards. This is because both the process and the outcomes of the process need to reflect the particular circumstances of the organization. Some examples of performance standards were however, suggested by Carter and McMahon (2005) to give a feel for what they might look like in practice.

The following was outlined in their book as the processes involved in setting up performance standards:

1. Identify the key result areas in the workplace for which you wish to develop performance standards.

2. Establish as many small expert groups as may be necessary to develop and document the standards.

3. Document performance standards for each of the key result areas. (They do not have to be done all at once – prioritize if you need to.)

4. Provide training to employees as part of the roll-out and trial the standards for a reasonable period. Adjust if necessary.

5. Provide regular feedback on employees' performance against the standard. *Note:* It is pointless involving people unless they have been deemed to be at least competent, and ideally exceptional, in the area so that they can contribute to the standard development.

2.10 Conceptual framework of the performance management process

After reviewing the extensive literature on performance management the researcher realized that performance management is concerned not only with appraising and rating a board, management and staff's performance. Actually, this activity is only one part of the overall process. Performance management is the systematic process of: planning work and setting expectations, continually monitoring performance, developing the capacity to perform, periodically rating and recording performance, recognizing and rewarding good performance. The researcher therefore decided to make a diagrammatic representation of the process of performance management based on Aguinis (2009) model in figure 2.1 as well as his own understanding. The diagram is represented in the figure below:
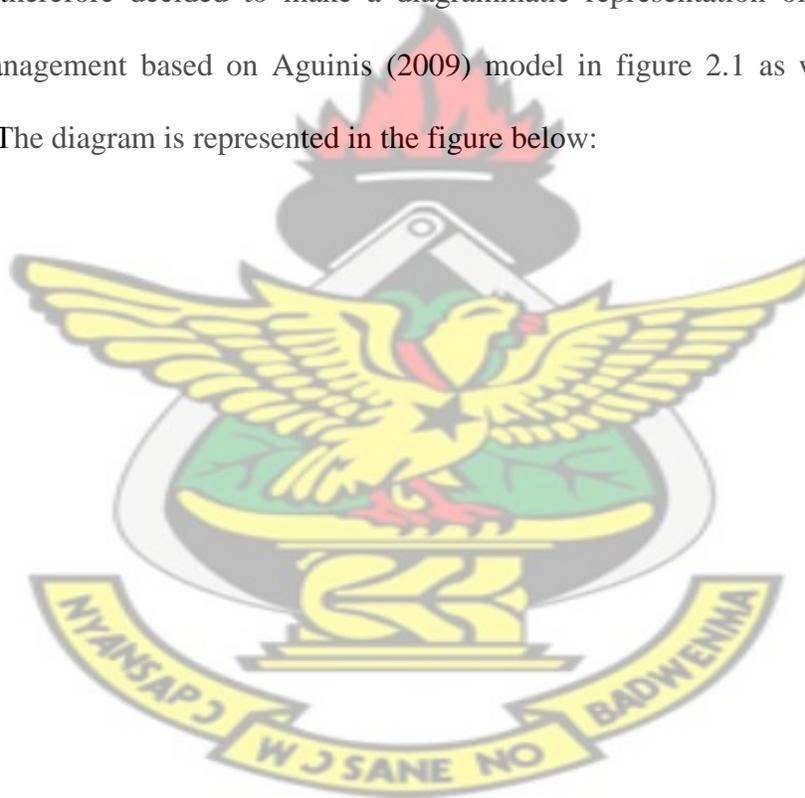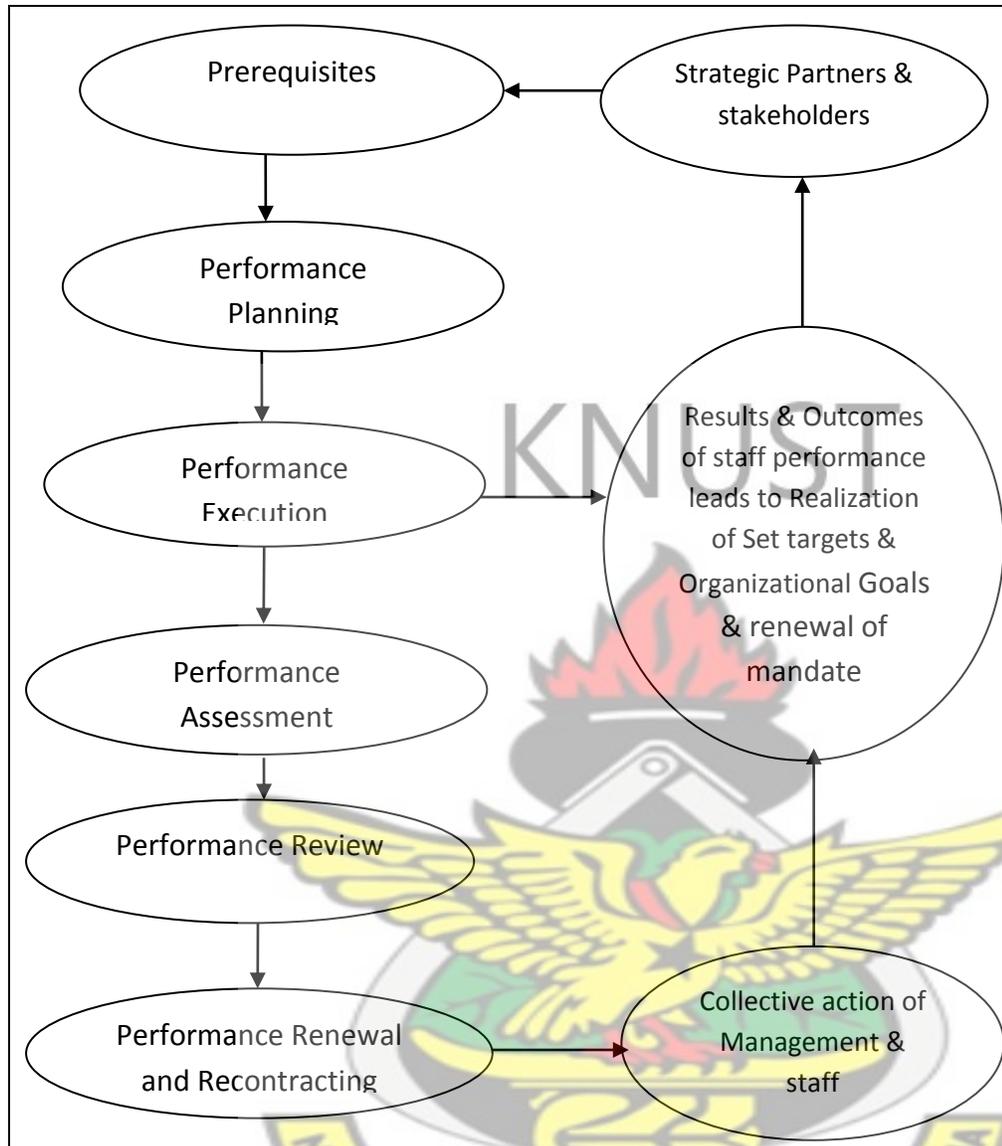
Fig. 2.2 Performance Management Process linked to organizational goals
Source: Adopted from Aguinis (2009) model of performance management process.

2.10.1 Explanation of the Performance Management Process linked to organizational goals in figure 2.2

The performance management process is a circle which involves stakeholders and strategic partners formulating policy objectives and passing them to top management and staff of the organization for execution. The top management and staff then plan and set realistic

targets/expectations for every unit or department. The management/supervisors and staff of each unit or department then, in turn, set their individual targets and objectives based on the organizational policies and targets. Each unit head/ line manager/supervisor then continually monitors the performance of their subordinates, while recognizing and rewarding good performance. The effective supervision leads to the realization of expected targets/objectives/outputs and outcomes which eventually translate to the realization of the overall goals of the organization and the reasons for existence of the organization (the going concern). This leads to a renewal of mandate by stakeholders and strategic partners and the circle continues as long as the organization exists and carries out its mandate continuously.

CHAPTER THREE

METHODOLOGY AND ORGANIZATIONAL PROFILE

3.0 Introduction to Methodology

In order to explore the research questions, a deductive approach was taken in developing the questionnaire, with the content being informed by a literature review and semi-structured interviews . The questionnaire format encompassed several closed and open-ended questions. It was piloted two weeks prior to the actual period of data collection, on consultation with the medical director, the matron, the hospital administrator and personnel officer of St. Theresa's Hospital, the actual data collection was done using staff of the facility as the sample population. The population of the hospital comprises some 253 staff and 25 casual workers. However only the 253 staff were considered (i.e. the casual workers were excluded). One hundred and one questionnaires were administered and the response rate was 95% (i.e. 96 were retrieved out of 101 questionnaires). Descriptive statistics were used to analyze the quantitative results. Quantitative responses are supplemented with qualitative statements where appropriate

3.1 Sources of Data

Primary and secondary sources of data were used throughout the research. Primary source of data refers to data that was collected by the researcher through the use of questionnaire. Secondary data referred to data already prepared by authors and other recognized bodies of research, periodicals, news papers and text books.

3.2 population

The study population covered both junior and senior staff of the St. Theresa's Hospital Nandom with the exception of casual staff. The hospital has staff strength of 278 comprising of a breakdown as represented in the table below:

Table 3.1 Staffing Situation at St. Theresa's Hospital Nandom

CATEGORY OF STAFF	NUMER OF STAFF	SENOIR STAFF	JUNIOR STAFF
Medical Officer (Ghanaian)	1	1	-
Neurosurgeon	1	1	-
Cuban Doctors	2	1	-
Medical Assistants	3(1national service)	3	-
Nurse Anesthetist	2(1 on contract)	2	-
Nursing Staff	84	35	49
Non- Nursing/ Administrative staff	100	36	64
Health extension workers	60	-	60
Casual workers	25	-	25
Total Staff Population	**278**	**80**	**198**

Source: St. Theresa's Hospital Records, 2012

3.3 Sampling Techniques

The researcher used simple random sampling to choose his sample from the study population

3.3.1 Determination of the Sample Population

In selecting the sample population, the researcher considered the entire population of permanent employees of the hospital. The casual workers were excluded from the study. Thus a total of 278-25(casual) = 253 were considered as the staff population under study. According to Saunders (1990) if the size of the population is a few hundreds, a minimum of 40% can be chosen; and if it is in several hundreds, a minimum of 20% is acceptable. In this case the researcher's study population is in few hundreds. Hence 40% of 253 which amounted to 101 staff were randomly selected as respondents.

3.4 Data Collection Instruments

In collecting the data for the study under consideration, questionnaires were employed. This was to ensure that only relevant and well structured questions were asked. The questionnaires were designed to solicit responses from all categories of employees both senior and junior staff as wells as managers. The rationale for doing this was that, almost every staff was either an apraisee (junior/subordinate) or appraiser and appraisee (senior/supervisor) since the hospital is a government institution. A Sample of the questionnaires is shown in appendix A.

3.4.1   Questionnaire

The questionnaires for the data collection comprised of a combination of closed and open ended questions prepared from the objectives of the study and research questions. The importance of the use of close ended questions is that the construction and coding of close ended questions do not take much time as compared to open ended questions. It was also to avoid delays in responding to the questions thus enabling the respondents who had busy schedules to respond quickly to the questions. Some of the close ended questionnaire created an allowance for multiple where necessary. The open ended questions on the other hand gave flexibility to the respondents in answering the questions. This helped enrich the study since it was difficult to provide exhaustible possible answers in some cases.

The questionnaires were pretested before using them on the field for the study. To ensure reliability of the questionnaires, tests and retests were employed. The questionnaires were administered to the same group of respondents on two different occasions. A sample correlation coefficient was used to determine the reliability of the test.

3.4.2   Observation

In addition the researcher also critically observed how performance management practices were carried out among supervisors and subordinates in the hospital.

3.4.3   Interviews

The researcher also conducted interviews with some selected senior and junior staff to obtain useful information pertaining to the research

3.6 Data Analysis Techniques

The data collected for this research was analyzed with the help of Statistical Package for Social Scientists (SPSS) software and the results were presented in chapter four. It has been fully explained with defined illustrations in tabular form for easy understanding.

3.7 Organizational Profile

A. *Brief History of St. Theresa's Hospital, Nandom*

St. Theresa's Hospital, Nandom is an agency established in April, 1966 in the Lawra District of the Upper West Region of Ghana. It is bounded by Hamile and Burkina Faso in the North and Lawra the District capital in the south. To the east, it is bounded by Jirapa and Lambussie-Kaane Districts and the Black Volta in the West. The hospital is located in Wa Dioceses of the Catholic Church.

It was the white fathers who first started medical care in the North-West Part of Ghana when they came from Navrongo and settled in Jirapa in 1926. In 1933 a mission station was opened in Nandom. A white catholic priest called Fr. Julien Chantereau started to treat and help the sick people in Nandom. He was affectionately called the medical priest. He was later joined by two white sisters and this led to the establishment of a dispensary and a maternity home.

In the early 1960's the then CPP Government of Ghana under Nkrumah decided to open a health centre from the already existing dispensary and maternity home of the Catholic Church in Nandom. This later became what is known presently as St. Theresa's Hospital, Nandom.

The hospital serves a population of over 60,000 in the district. It also serves people in Jirapa, Lambussie-Kaane, Sissala East and West Districts and people from neighbouring Burkina Faso. The economic activities of the people in the hospital's catchment area are farming and pito brewing. Only a small portion of the population is civil servants and petty traders.

The state of infrastructure especially road network is underdeveloped. The only tarred road is from the hospital to Nandom town, the rest of the roads linking the hospital to other towns and districts are not tarred. There are currently three cellular phone networks but no internet service in the catchment's area. The hospital has its own water supply system with an electricity plant to supply power when the national grid is off. It is one of the two district hospitals in the Lawra District and the only hospital not found in a district capital in Upper West Region.

As a referral health institution, the hospital does not only manage referred cases in the district alone but also manage cases referred from neighbouring Districts and even the regional hospitals as well as patients from neighboring countries like Burkina Faso, Mali and Code Ivoire.

The hospital provides human resource to three clinics in the region; Ko in Lawra district, Fielmuo in Sissala district and Piina in Lambusie Karni district.

B. *Vision of St. Theresa's Hospital:* To provide affordable high-quality health care in an effective and efficient manner in our catchment area and beyond, in strategic partnership with all stakeholders acknowledging the dignity of the patient/client.

C. *Mission of St. Theresa's Hospital:* The mission statement of the hospital is as follows:
    "To continue Christ's all-inclusive and integral healing ministry in an adoptive,

innovative and proactive manner irrespective of ethnicity, creed, gender, political affiliation, state and status, through professionally competent staff with good ethical and moral standards, well motivated and united with common purpose".

D. Staff Situation:

The hospital has staff strength of 278 comprising of the following breakdown:

Table 3.2 Staffing Situation of St. Theresa's Hospital

CATEGORY OF STAFF	NUMER OF STAFF	SENIOR STAFF	JUNIOR STAFF
Medical Officer (Ghanaian)	1	1	-
Neurosurgeon	1	1	-
Cuban Doctors	2	1	-
Medical Assistants	3(1national service)	3	-
Nurse Anesthetist	2 (1 on contract)	2	-
Nursing Staff	84	35	49
Non- Nursing/ Administrative staff	100	36	64
Health extension workers	60		60
Casual workers	25	-	25
Total Staff Population	**278**	**80**	**198**

Source: St. Theresa's Hospital Records (2012)

i.   *Bed Capacity:*

The hospital's bed capacity has increased from 171 to 205

ii.   *Units/ Departments:*

The hospital has the following units**:**

1.Surgical, 2.General Ward, 3.Eye Clinic, 4.Children's Ward/Nutrition Unit, 5.Theater, 6.Pharmacy, 7.General Stores, 8.Out-Patient 9.Department (OPD), 10.Laboratory, 11.Maternity, 12.Antenatal, 13.Voluntary Counseling And Testing, 14.X-Ray, 15.Internal Audit, 16.Administration, 17.Accounts, 18.Public Health, 19.Ear Nose And Throat Unit, 20. Dental, 21. Transport,   22. Information, 23. Records,   24. Labour/Artisan, 25.Hospital Canteen, 26.Sterilization/Mortuary, 27.Security.

iii. *Main Activities of St. Theresa's Hospital*

The main/ core activities(s) of St. Theresa's Hospital include:

a.   Providing high-quality health care in an effective and efficient manner in the catchment area of the hospital and beyond. The type of healthcare services provided at the hospital include, general medical consultations, maternal antenatal (child delivery), general and orthopedic surgery, neurosurgery, eye care/surgery, HIV/AIDS Counseling and Testing.

b.   Maintaining a strategic partnership with all stakeholders

c.   Running an effective and efficient administration to control daily activities the facility

d.   Continuing Christ's all-inclusive and integral healing ministry in an adoptive, innovative and proactive manner irrespective of ethnicity, creed, gender, political affiliation, state

and status. The Hospital has a Chaplaincy Office managed by a Priest from the Catholic Church who among other things takes care of the spiritual needs of patients/clients.

e. Maintaining the dignity of patients/clients through the observation of high professional and ethical standards by all staff.

iv. The Nature of Performance Management in St. Theresa's Hospital

The hospital has an administration which manages all the administrative activities of the facility. There are two main categories staff: Core or clinical staff and the administrative/ support staff. The core or clinical staff are doctors, nurses, pharmacists, laboratory staff and other paramedics.

The main administrative staff includes a Hospital Administrator, Personnel Officer, Accountant, Finance Officer, Account Officers, Procurement Officer, IT Officer, Kitchen staff and Secretaries among others.

Each of the staff who has junior staff under him or her has the responsibility of ensuring that the performance of the junior staff is up to expectation through effective monitoring.

The overall manager of the hospital is medical director.

CHAPTER FOUR

DATA PRESENTATION ANALYSIS AND DISCUSSIONS

4.0 Introduction

This chapter considers the presentation of both quantitative and qualitative data collected by the researcher after administering over 101 questionnaires to the staff of St. Theresa's Hospital in Nandom and analysis of the data as well as discussion of findings of the research.

The researcher employed the use of the statistical tool called Statistical Package for Social Sciences (SPSS) to analyze the data obtained from responses to the questionnaire. Qualitative data which were also collected using a number of open ended questionnaires were also analyzed by correlating the commonly held views of respondents and drawing possible meanings or suggestions out of them.

4.1 Background information

The following analysis was made on the background information of respondents:
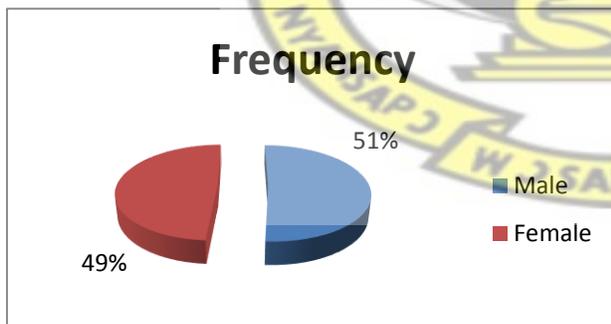
Fig. 4.1 Sex of Respondents

Source: Researcher's Field Survey, 2012

4.1.1 Sex of staff (respondents)

From the results of the sex of respondents presented in Figure 4.1, the number of respondents who were male was 49(51%) and female were 47 (49%). This may be seen to be an unusual gender representation if one looks at it from the general perception that females are usually represented in formal/public sector employments due to low girl child education. However, being a health facility, this should be an ideal trend because the staff who are mostly nurses are predominantly women. This may also indicate a good practice of equal opportunity for all sexes in terms of employment in St. Theresa's Hospital, Nandom.
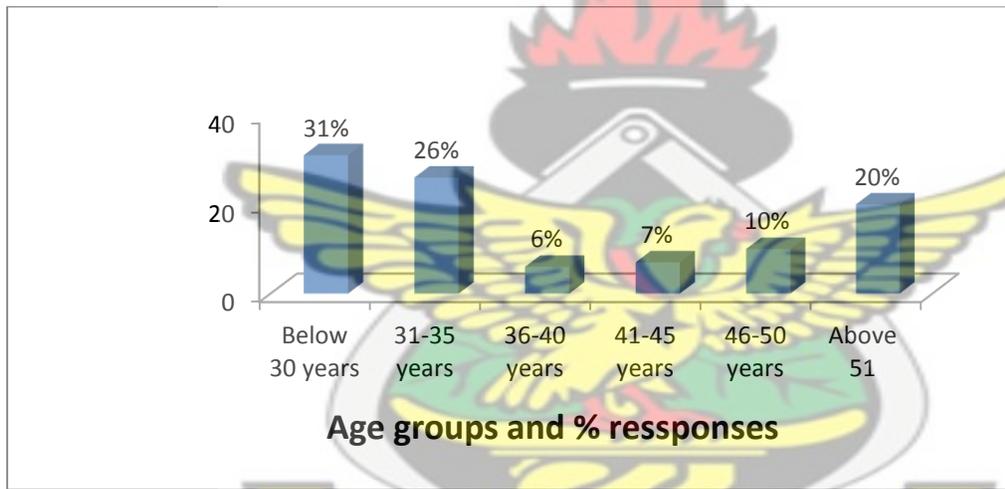
Fig. 4.2 Percentages of age groups of respondents (out of 96 respondents)
Source: Researcher's Field Survey, 2012

4.1.2 Age groups of staff (respondents)

Figure 4.2 is clearly showing a certain trend in the age groups of respondents. Majority of the respondents, 30 (31%), were within the ages of 30 years and below. Those within the ages of 31-35 years were the second to form a majority 25(26%). The middle aged of 36-40 years constituted the lowest percentage of 6(6%). Those within the age group of 41-45 constituted the

second lowest percentage of 7(7%). The older age group of 46-50 years also constituted low percentage of 9(10%). Those within the age group closer to retirement (51 years and above) were the third largest percentage of 19(20%).

A careful look at the trend in the number of staff in the various age groups reveals that majority of the respondents fell within the ages of early 30 years and below. It also revealed that those within 51 years and above formed the second majority while those in the middle age groups constituted the lowest percentage of staff. This probably reflects the general concern of inadequate health professionals to take care of the health needs the rapidly growing population which resulted in the need to train younger health professionals to take over. This subsequently led to new policies on education which subsequently led to the establishment of more health training institutions. The large number of respondents in the young age group of (30 years) is probably the result of products from the newly established health training schools such as the Health Assistants Clinical (HAC) Schools.
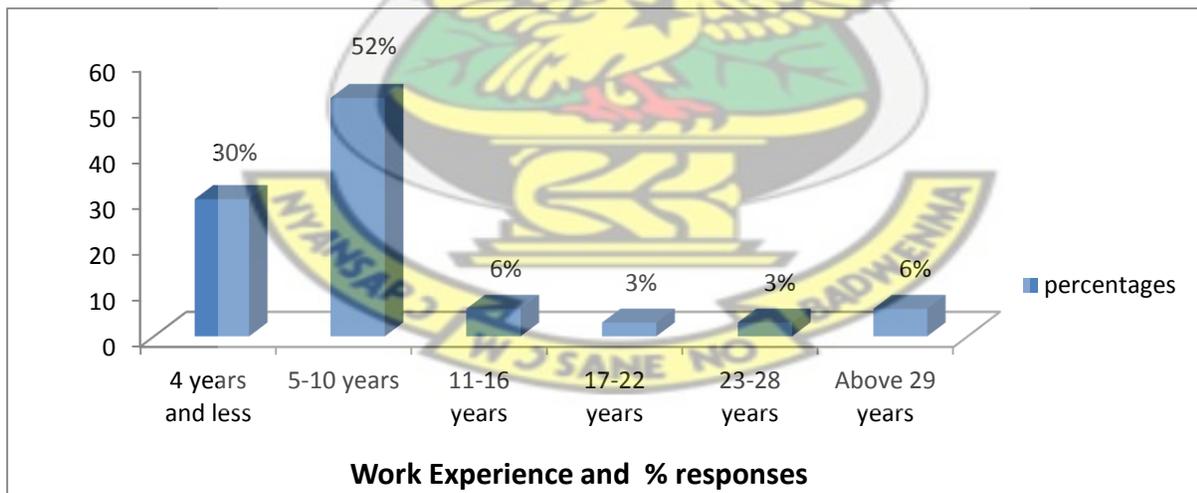
Fig. 4.3 Work experience of respondents (in % out of 96 respondents)
Source: Researcher's Field Survey, 2012

4.1.3 Work experience of staff (respondents)

From Figure 4.3 it could be observed that 51 (52%) were within the working age group of 5-10 years while 29(30%) were those who worked for 4 years or less. This seems to virtually follow the trend of young employees their early thirties occupying the majority of the workforce as in Figure 4.2 (i.e. the young are likely to have less work experience).

Table 4.1 Academic qualifications of staff

Respondents	Frequency	Percent	Cumulative Percent
WASSCE/NVTI	8	8.0	8.0
Professional Certificate	52	54.0	62.0
Diploma/HND	21	22.0	84.0
First Degree	7	8.0	92.0
Second Degree	3	3.0	95.0
Medical Degree	5	5.0	100.0
Total	**96**	**100.0**	

Source: Researcher's Field Survey, 2012

4.1.4 Academic qualifications of staff

It was observed that majority of respondents 52(54.0%) stated they hold a professional certificate and this constituted the highest number of respondents. The second highest was diploma/HND

which made up 21(22.0%) in Table 4.1. This high number of respondents holding a professional certificate can be attributed to the fact that majority of respondents were nurses and other paramedics and the professional certificate is the most commonly awarded academic qualification.
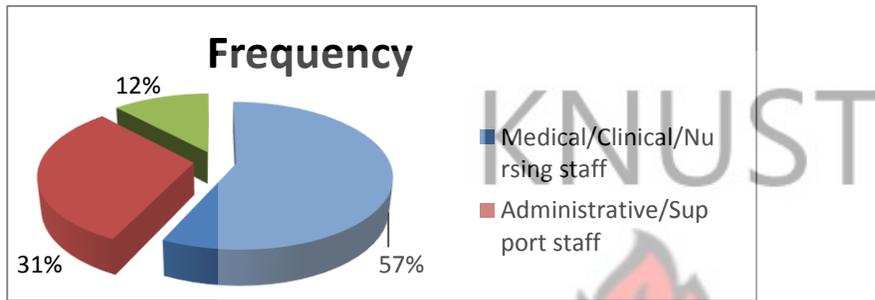
Figure 4.4 Categories of Staff based on their job/core function(in % out of 96 respondents)
Source: Researcher's Field Survey, 2012

4.1.5 Categories of staff based on their job/core function

Fifty five respondents (57.0%) stated they belonged to the Medical/Clinical/Nursing Staff category while 30(31.0%) percent were Administrative/ Support Staff as in the Figure 4.5 below. Medical/Clinical/Nursing Staff category constitutes the core staff of the hospital which includes the nurses, doctors, pharmacists/dispensary technicians, laboratory technologists among others. 11(12.0%) were health extension workers.
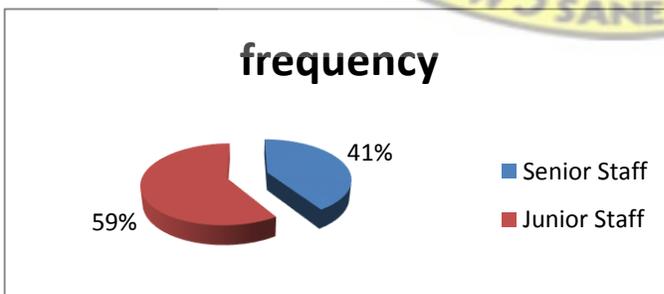
Figure 4.5 Categories of Staff according to rank, senior/ junior staff (in % out of 96 respondents): Source: Researcher's Field Survey, 2012

4.1.6 Categories of staff based on rank (seniority or junior staff)

Thirty nine (41%) respondents stated they were senior staff while 57(59%) represented junior staff in Figure 4.5.
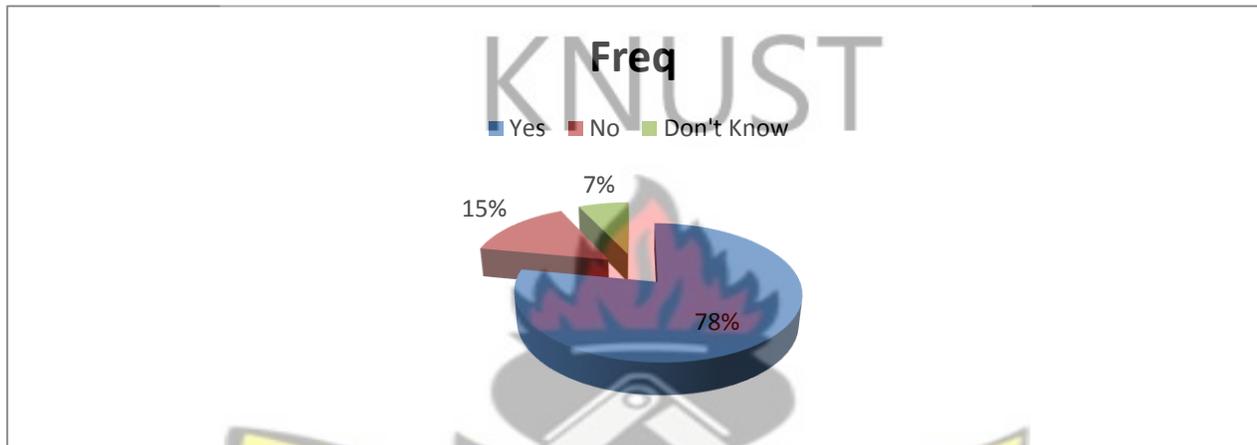
Fig.4.6 Responses on Existence of performance management practices (in % out of 96 respondents)

Source: Researcher's Field Survey, 2012

4.2 Existence of performance management practices at St. Theresa's Hospital

When employees were asked the question whether their organization, St. Theresa's Hospital, practices any Performance Management System (PMS), 75(78%) responded in the affirmative while 14(15%) stated 'No'. Seven respondents (7%) did not know. This may imply that 78 out of every hundred employees either believe or are conscious of the fact that there is a performance management or appraisal system at St. Theresa's Hospital.
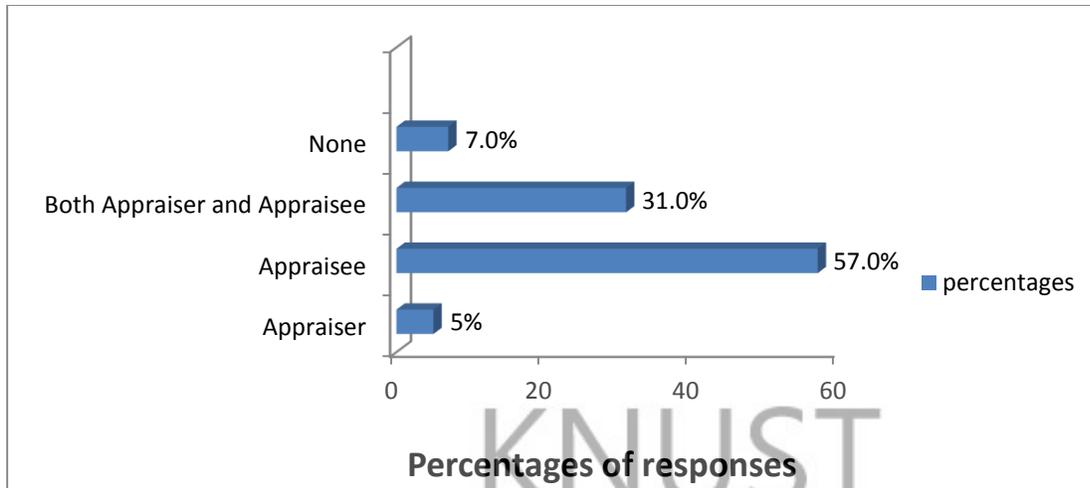
Figure 4.7 Classification of employees based their status as either appraisers, appraisees, both or none (in % out of 96 respondents)

Source: Researcher's Field Survey, 2012

4.2.1 Classification of employees' as appraisers, appraisees, both or none

Further questions were asked to determine the number of respondents who considered themselves as appraisers, appraises or both. Fifty five respondents (57.0%) stated they were appraisees, while 30(31.0%) stated they were both appraisers and appraisees. The rest of the results obtained are represented in Figure 4.7.

The group that stated they were both appraisers and appraisees as well and those that stated they were appraisers, most likely represent the supervisors/senior staff that conduct appraisals for their subordinates and are also appraised by superiors while the majority group who said they were only appraisees were junior staff. Hence a total of 36.0% (31.0%+5%) of entire respondents were appraisers. This could be an indication that St. Theresa's Hospital does not relegate staff performance management only to management. Unit heads/supervisors/ senior staff of various

64

units are equally responsible for the performance management of their subordinates and often assist them to set realistic targets or objectives.

4.3 How Performance Management is applied at St. Theresa's Hospital, Nandom

A number of questions were asked to obtain answers to the issue of how performance management is applied at St. Theresa's Hospital. The following were the level of responses recorded against some of the questions.
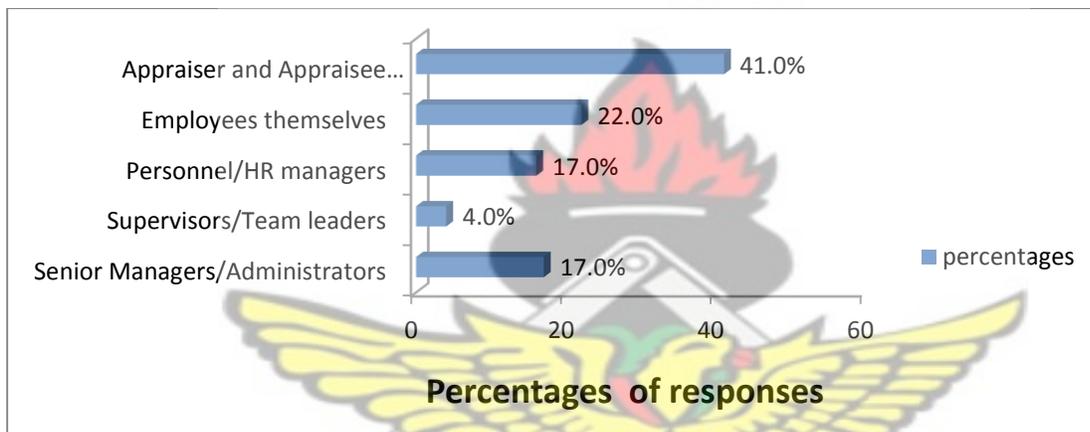
Figure 4.8 Employees' response rate on the setting of objectives or targets

Source: Researcher's fieldwork, 2012

4.3.1 Setting of performance management objectives or targets for appraisals

When respondents were asked the question on who sets the performance management objectives or targets, the responses were as in Figure 4.8. The picture from Figure 4.8 indicates that 39(41.0%) stated that targets or objectives were set by the appraiser and appraisee collectively. This quite agrees with Aguinis's (2007) assertion that at the beginning of each performance cycle, the supervisor and the employee meet to discuss and agree upon what needs to be done and how it should be done. Twenty one (22.0%) stated that targets are set by employees

themselves. The rest were Senior Managers/Administrators which was rated 16(17.0%), HR/Personnel Managers which scored 16(17.0%), and Supervisors/Team leaders, 4(4%).

Like the previous Figure 4.8, this is also another indicator of a good performance management practice at St. Theresa's Hospital because it shows that the approach to targets and objective setting is not top-down but a collective and participative effort between the appraiser and appraisees. Moreover, as Figure 4.7 indicated, it is the superiors or supervisors of staff that appraise them and not Personnel managers alone. This is most encourages role clarity, teamwork, ownership and commitment to the realization of the set targets.

It could be realized from Figure 4.8 that 21(22.0%) of respondents also indicated that targets/objectives were set by staff themselves. Interviews conducted through personal interaction with some staff indicated that in some cases, superiors who were too busy usually ask their subordinates to set the targets for both of them to review or agree on them. This practice as well as the collective setting of objectives between appraisers and appraisees could be rightly described as a Management by Objective (MBO) method of performance management. As indicated by Graham and Bennett (1992) cited in Turkson (2007), the MBO method encourages employee participation and increases job satisfaction by giving the employee a sense of achievement and involvement and that is a good performance management practice.
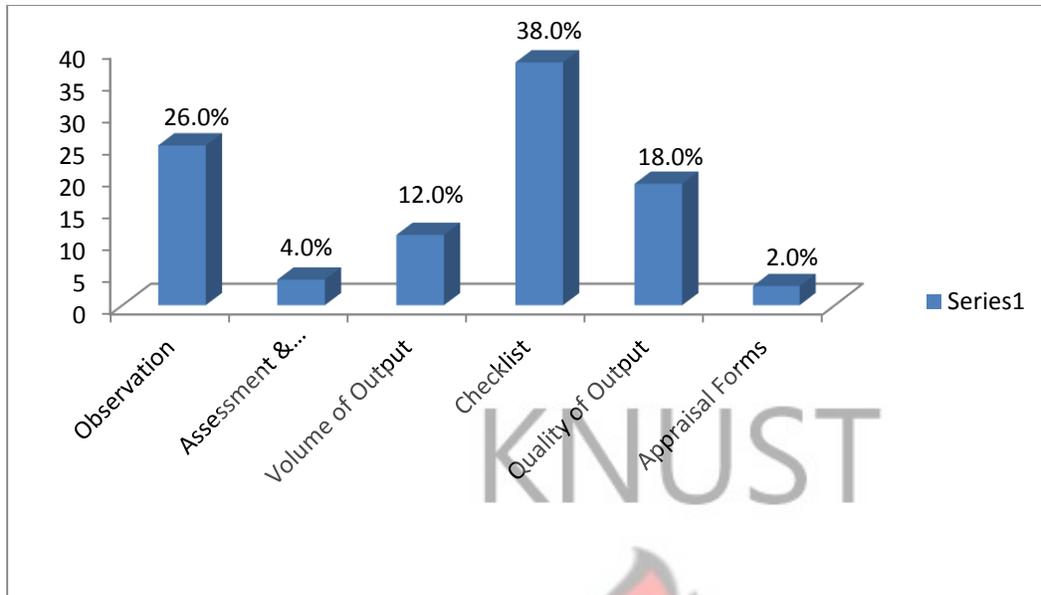
Figure 4.9 The most commonly used methods for determining staff performance

Source: Researcher's Fieldwork, 2012

4.4 The various performance management practices at St. Theresa's Hospital

As already observed earlier, one good performance management practice at St. Theresa's Hospital is Management by Objective (MBO). Another question was asked on which of the methods, is the most commonly used.

The Checklist method of staff appraisal was ticked by majority of respondents as the most commonly used method of appraisal scoring 36(38.0%). Next to the checklist was observation 25(26%) followed by quality and volume of output with each weighted as 17(18.0%) and 11(12.0%) respectively. A few other respondents indicated assessment and development centers and appraisal forms (which literally may stand for the checklist system).

Table 4.2 Methods of performance appraisal that form part of the appraisal system at St. Theresa's Hospital

Responses	Frequency	Percent	Cumulative Percent
Written Essay Method	10	10.0	10.0
Behaviour Anchored Rating Scale	40	42.0	52.0
Ranking Method	18	19.0	71.0
360 Degree Appraisal	3	3.0	74.0
Self Appraisal	13	14.0	87.0
Paired Comparism Method	3	3.0	90.0
Forced Distribution Method	4	4.0	91.0
Balanced Scorecard	3	3.0	98.0
Critical Indent Assessment	2	2.0	100.0
Total	**96**	**100.0**	

Source: Researcher's fieldwork, 2012

4.4.1 Further responses on the various performance management practices at St. Theresa's Hospital

Another question was asked requiring respondents to choose among a tall list of nine items, the methods that were part of St. Theresa's Hospital's Performance management system. This was done to further ascertain how performance management was applied at St. Theresa's Hospital and the various performance management practices available and Table 4.2 displays the results. The results indicates that Behavioural Anchored Rating Scale (BARS) was chosen by 40(42.0%) respondents as the most commonly used method followed by the Ranking Method which recorded 18(19.0%). The third was Self Appraisal, 13(14.0%) and the fourth was Written Essay Method 10(10.0%).
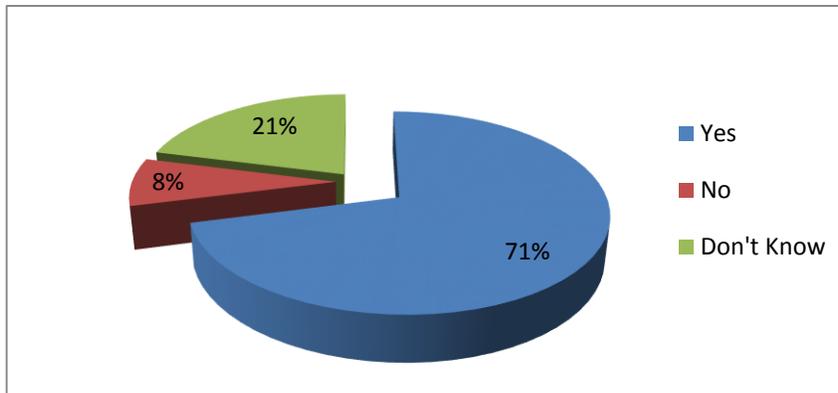
Figure 4.10 Percentages of responses on whether planning is done before appraisals in St. Theresa's Hospital, Nandom

Source: Researcher's fieldwork, 2012

4.5 Planning before carrying out appraisal exercises at St. Theresa's Hospital

Respondents were asked if planning takes place at the organization before performance management/ appraisal takes place. The purpose was to further ascertain whether planning is done at the initial stages before staff performance management or appraisal take place. Figure 4.10 shows the results of the survey. An overwhelming number of 68(71%) stated 'Yes' while 20(21%) stated 'No' and 8(8%) did not no. This is an indicator that majority of staff undertake planning with their superiors/unit heads before commencing undergoing the process of appraisals.

It could be stated that planning before appraisals is very important and the response probably go to further prove that St. Theresa's Hospital's performance management system is good.

Table 4.3 Period for the planning of appraisals at St. Theresa's Hospital

Responses	Frequency	Percent	Cumulative Percent
During Hiring or Transferring of employees	7	7.0	7.0
When business plans are newly developed	49	51.0	58.0
After annual performance and development reviews	40	42.0	100.0

Source: Researchers' fieldwork 2012

4.6 Period for the planning of performance appraisal at St. Theresa's Hospital

From the results in table 4.3, 49 (51.0%) stated performance planning takes place at the time business plans are newly developed while those who said planning is done after annual performance and development reviews were 40(42.0%). Seven respondents, representing 7.0% stated planning is done during hiring or transferring of employees. These quite agree with Aguinis's (2009) assertion that at the beginning of each performance cycle, the supervisor and the employee meet to discuss and agree upon what needs to be done and how it should be done.

Table 4.4 Responses on a forum for discussing employee performance

Yes	66	69.0	69.0
No	9	9.0	78.0
Don't know	21	22.0	100.0
Total	**96**	**100.0**	

Source: Researcher's field work (2012

4.7 A forum for discussion of employee performance with superiors

Respondents were asked to indicate if there was any forum where employees discussed their level of performance with their superiors. Sixty six (69.0%) stated 'Yes' while only 9(9.0%) stated 'No'. Twenty one (22.0%) however stated they had no idea. Table 4.4 shows the results. This probably further goes to support the fact that there is an effective performance management system at St. Theresa's Hospital.

When asked about the type of forum, employees indicated durbars, monitoring and supervision, monthly review workshops and mortality and morbidity conferences, and superior subordinate interactions.

Table 4.5 Measures taken by superiors to address employee performance gaps St. Theresa's Hospital

Respondents	Frequency	Percent	Cumulative Percent
Yes	26	27.0	27.0
No	18	19.0	46.0
Don't Know	52	54.0	100.0
Total	**96**	**100.0**	

Source: Researcher's fieldwork, 2012

4.8 Measures for addressing performance gaps at St. Theresa's Hospital

Respondents were asked if there was a measure for addressing employee performance gaps and the response are tabulated in Table 4.5. Fifty two (54%) did not know if there was any measure for addressing performance gaps or not. Twenty six (27.0%) stated 'Yes' and the rest 18(19.0%) stated 'No'.

The relatively large percentage of respondents who either stated 'No' or had no idea probably mean that there are no effective measures to address employee performance gaps. This might be the case because it is typical of public sector organizations where little or no effect is directly felt by superiors/management and staff when targets or objectives are not fully met as compared to their counterparts in the private sector/corporate bodies where performance is directly connected to rewards/benefits.

For those who stated 'Yes', they were asked to indicate the type of measures used to address performance gaps. Majority stated coaching/mentoring, training and development, and counseling as the measures.

Table 4.6 Reward systems is used in your organization to reward best performing employees

Responses	Frequency	Percent	Cum.Percent
Promotions with increase in monthly pay	39	41.0	41.0
Extra allowances and bonuses/ Best Workers Awards	31	32.0	73.0
Scholarship for further studies	3	3.0	76.0
Certificate of appreciation/Recommendation	17	18.0	94.0
Verbal Recommendation	6	6.0	100
Total	**96**	**100.0**	

Source: Researcher's fieldwork, 2012

4.9 Reward Systems used at St. Theresa's Hospital to reward good/excellent performance

Table 4.5 shows the results of respondents about the type of rewards systems at St. Theresa's Hospital. Promotion with increase in monthly pay, extra allowances and bonuses/annual best worker awards were dominant recording 39(41.0%) and 31(32.0%) respectively. Certificates of appreciation/recommendation were third with 17(87.0%). An interview with some staff indicated

73

that annual best worker award prizes usually include TVs, Motor Bikes, Fridges, Roofing sheets and Gas Cylinders.

Table 4.7 Responses on the existence of a formal method for evaluating staff performance

Responses	Frequency	Percent	Cumulative Percent
Yes	52	54.0	54.0
No	32	33.0	87.0
Don't Know	12	13.0	100.0
Total	96	100.0	

Source: Researcher's fieldwork (2012)

4.10 Evaluation of staff performance at St. Theresa's Hospital

Respondents were asked if there was a formal method for evaluating staff performance in their organization and the response were tabulated in Table 4.6. Fifty two (54.0%) stated there was a formal method for evaluating staff performance. Thirty two (33.0%) stated 'No' and the rest 12(13.0%) did not know whether there was a formal system for evaluation of staff. Those who stated 'Yes' stated that a formal written feedback as the means through which supervisors/appraisers evaluate the performance of their subordinates. Others also mentioned feedbacks from clients, opinion and attitude surveys and informal verbal feedback.

Table 4.8 Level of effectiveness of St. Theresa's Hospital's appraisal or performance Management practices in improving staff performance

Responses	Frequency	Percent	Cumulative Percent
Effective	59	62.0	62.0
Moderately Effective	26	27.0	89.0
Ineffective	7	7.0	96.0
Don't Know	4	4.0	100.0
Total	**96**	**100.0**	

Source: Researcher's fieldwork, 2012

4.11 Level of effectiveness of St. Theresa's Hospital's Performance Management practices in improving overall staff performance

The responses to the question of the effectiveness of the performance management practices at St. Theresa's Hospital led to the responses tabulated in Table 4.7. Fifty nine (62.0%) said it was effective. Twenty six (27.0%) said it was moderately effective and 7(7.0%) said it was ineffective while 4(4.0%) said they had no idea.

This may mean/indicate that 62% of staff think that the performance management system at St. Theresa's Hospital plays a vital role in improving staff performances.

4.12 Level of Satisfaction with the current appraisal or Performance Management practices:

The question of staff satisfaction of the performance management practices at St. Theresa's Hospital was asked and the response was tabulated in Table 4.8. Fifty (52.0%) stated they were satisfied. Twenty five (26.0%) stated they were not satisfied and 21(22.0%) stated they did not know.

Table 4.9 Level of satisfaction with the current appraisal or Performance Management practices in St. Theresa's Hospital

Respondents	Frequency	Percent	Cumulative Percent
Yes	50	52.0	52.0
No	25	26.0	78.0
Don't know	21	22.0	100.0
Total	100	100.0	

Source: Researcher's fieldwork (2012)

4.13 Strengths of performance management practices at St. Theresa's Hospital Respondents who said they were satisfied were asked to provide reasons. The reasons given and the number (percentage) of respondents providing those reasons were catalogued in Table 4.9:

Table 4.10 Strengths of the performance management system at St. Theresa's Hospital given by staff

No.	Benefits / Reasons Given by respondents	Frequency	Percentage
1	Performance management practices keep staff on their toes	55	57
2	It helps staff to get their promotions easily	53	55
3	It helps to identify and transfer underperforming staff who usually prove more effective elsewhere	57	59
4	If a good performance management system is not in place employees only routinely fill appraisal forms where they set cheaper objectives	52	54
5	It is a mandatory model used by Ghana Health Service that ensure that at the beginning of every year all staff meet immediate supervisors to set objectives and targets	54	56
6	It affords employees and superiors to the opportunity to meet, set objectives leading to self satisfaction, higher performance and improvement in professional knowledge	56	58

Table 4.10 continued

No.	Benefits Given	Frequency	Percentage
7	It gives an opportunity to all other staff to contribute in the selection of best worker	56	58%
8	It facilitates hard work and further training improves skills and bonuses/extra allowances motivate staff to work harder.	52	54%
9	Effective supervision and coaching by superiors helps subordinates to improve performance	55	57%
10	It helps correct staff behavior towards work, and prepares them for promotions	57	59%
11	Highly performing staff are usually identified and awarded with prizes ranging from motor bikes, fridges, gas cylinders, television sets and roofing sheets	70	73%

Source: Researcher's field work, 2012

4.14 Weaknesses of performance management practices at St. Theresa's Hospital

The following were some of the major reasons that staff who stated that were not satisfied with the performance management system at St. Theresa's Hospital enumerated.

Table 4.11 Weaknesses of performance management practices at St. Theresa's Hospital and number (percentages) of staff.

No.	Inefficiencies/Challenges of performance management system by staff	Frequency	Percentage
1	Roles and responsibilities of Performance Management practices are blurred, and are not clearly defined	20	21%
2	Delegation and coordination leave much to be desired, reporting and communication is below expectation.	26	27%
3	Some employees have not understood the importance of staff appraisal and there is the need to organize orientations.	16	17%
4	No awareness is always created, no strategic planning and this promotes 'adhoc-ism'	25	26%
5	The appraisal procedure is not so systematic and need be strengthened for results	26	27%
6	No room for staff complains and management doesn't take into consideration certain things that make work meaningful (poor motivation).	15	16%
7	Although performance appraisal is done, some workers still 'Vito' certain decisions on the reasons of long service. Thus the true picture of the performance of some hardworking staff is not reflected.	10	10%

Source: Researcher's Fieldwork, 2012

CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.0 Introduction

This research attempted to evaluate or assess the performance management practices at St. Theresa's Hospital, Nandom in Upper West Region of Ghana. This concluding chapter catalogues a summary of the major findings/ results of the research. The chapter will also be looking at the recommendations that could help improve upon the performance management system at St. Theresa's Hospital, Nandom and similar health facilities within developing economies.

5.1 Summary of findings

The summary of findings is grouped into two forms termed as the strengths of the appraisal system and the inefficiencies/ weaknesses. The following findings or results from the research study were made:

5.1.1 Strengths of the performance management system at St. Theresa's Hospital

There following are some of the strengths stated by respondents:

i) *The approach to the setting of targets and objectives for appraisals:*

The study discovered that the approach to target or objective setting is not top-down but a collective and participative effort between the appraiser and appraisee. Moreover, it is the superiors or supervisors of staff that appraises them and not Personnel managers alone. This is encouraged role clarity, teamwork, and ownership and commitment to the realization of the set targets.

ii) Planning before performance appraisals:

The research found out that majority of staff undertake planning with their superiors/ unit heads before commencing the process of performance execution and subsequent appraisals.

iii) The Practice of the MBO method:

One good performance management practice at St. Theresa's Hospital revealed by the study is the Management by Objective (MBO) where staffs are made to set their own objectives and sit with their superiors to review and agree on them. This creates ownership of the results to be achieved by staff.

iv) The use of Behavior Anchor Rating Scale (BARS), Observation, Quality of output to determine staff performance:

The research also revealed that observation of the behavior of staff and the quality of the outputs or outcomes were the very essential means by which superiors and supervisors rated their employees. This is particularly important in the case of the health worker whose job deals directly with the saving of life and patient care.

v) The use of motivational packages such as annual best worker awards:

The study revealed that staffs are very conscious of the fact that if they work well, they could be rewarded at the annual best worker awards and this serves as a motivating factor that drives them to perform or work harder. It also compels them to attach more seriousness to performance management or appraisal activities.

5.1.2 Weaknesses of performance management practices at St. Theresa's Hospital

The research revealed that not all staff were satisfied with the performance management of St. Theresa's Hospital. The major reasons that staff who were not satisfied with the performance management system at St. Theresa's Hospital gave were also tabulated as follows:

(i)   *Roles and responsibilities are blurred*:

Staff are not told exactly what is expected of them and Performance Management practices are not clearly defined.

(ii)   *Delegation and coordination leave much to be desired*:

Reporting and communication between superiors and subordinates is below expectation.

(iii)   *No Transparency:*

Although performance appraisal is done, some workers or staff still 'Vito' or influence certain decisions of management on the reasons of long service.

(iv)   *No awareness is always created*:

Some respondents stated that there is no strategic planning in the performance management system and this promotes 'adhoc-ism' and lack of orderliness in some cases.

(v)   The appraisal procedure is not so systematic and need be strengthened for results:

Some respondents stated that the appraisal procedure was not so systematic and needs to be strengthened for better results.

(vi)   *No room for staff complains*:

Management doesn't take into consideration certain things that make work meaningful. For instance, sometimes staff underperformance is due to problems affecting them psychologically demanding counseling. This could be addressed if more room is created for staff complains.

(vii) Staff should be assisted to follow the process appropriately:

Some employees have not understood the importance of staff appraisal and there is the need to organize orientations. Staff should also be assisted by superiors to follow the process appropriately.

5.3 Conclusion

To conclude, the above analysis has revealed some issues that warrant further research. The trend in the age groups which revealed that a larger majority/ percentage of staff fell within thirty years and below and which probably could be attributed to the establishment of more health training institutions in Ghana in recent years could be a subject for further investigation.

In conclusion therefore, the research study revealed that the performance management practices at St. Theresa's Hospital are quite effective but there is still more room for improvement especially in the area of sensitizations and orientations for staff to fully understand and follow the process appropriately.

5.4 Recommendations

At the end of the research certain comments and suggestions made by respondents and through the researcher's own observation were noted and could serve as useful recommendations that could help further strengthen the performance management system at St. Theresa's Hospital and other similar health facilities. The following are some of the major recommendations observed during the research:

5.4.1 Strengthening the Performance Management practices

The views from respondents indicated that roles and responsibilities of staff are blurred, and are not clearly defined. There is the need to strengthen the performance management practices

according to the established standards which will ensure that every staff knows what is required of his job in terms of performance.

5.4.2   Assisting staff to follow the process appropriately:

There is also the need for the management (in charge of Human Resources issues) to ensure that staff are regularly continuously assisted (through coaching) by their supervisors and superiors (who should also be trained constantly) to enable them understand and follow the performance management processes appropriately.

5.4.3   Attaching staff performance appraisals to promotions, bonuses, training and development and other rewards:

The study revealed that most employees will only attach more seriousness to performance appraisals if they are made to realize that it is through appraisals that management is able to identify staff due for promotions as well as those deserving some rewards.

5.4.4   Improving upon motivational packages

Comments from respondents revealed that they attach much importance to motivational packages especially the annual best worker awards. This indicates that if the best worker award packages could be increased to cover more staff and include higher prizes (e.g. giving motor bikes or even cars for best workers) it could help to further motivate staff for higher performance.

5.4.5 Maintaining the approach to the setting of targets and objectives for appraisals:

The study discovered that the approach to target or objective setting at St. Theresa's Hospital is not top-down but a collective and participative effort between the appraiser and appraise who sit

down to review and agree on the set objectives. Moreover, it is the superiors or supervisors of staff that appraises them and not HR/Personnel managers alone. This encourages role clarity, teamwork, ownership and commitment to the realization of the set targets and objectives. Steps should however be taken to encourage all staff to undertake target and objective setting with their supervisors.

5.4.6   The need to for supervisors to help subordinates to address their gaps

The research revealed that majority of respondents stated that they did not know how performance gaps are addressed. There is therefore the need for supervisors to monitor their subordinates and ensure that any gaps (underperformance) or shortfalls are addressed to ensure optimum performance.

It is the writer's hope and believe that if all the recommendations given above are given serious consideration by the management of St. Theresa's Hospital, Nandom, it will go a long way to improve and enhance the performance of individual staff of the hospital in line with the hospital's strategic objectives and there by result in a drastic improvement in the overall performance of the hospital in a sustainable manner.