Assessing The Competence Of Nurse-Supervisors In Appraising Subordinate Staff: A Survey Of Health Facility-Based Nurse-Supervisors In Tamale Metropolis

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Abstract:

Problem: The Ghana Health Services used not to design the appraisal instrument. The instrument is designed by the public services commission that is used by all state departments with different job descriptions under the public services. Furthermore, some nurse-supervisors don't understand certain sections of the appraisal instrument which can go a long way to affect the appraisal process. As stated by (Russell, L. A, 2011)'' often the focus is on the format, and not on the people. Nurse supervisors do performance appraisal of subordinate staff mostly when they are due for promotion (GHS performance appraisal report, 2005). Some appraisees or ratees assume a defensive position when deficiencies are pointed. This is especially true if pay, recognition or rewards are at stake .In addition employees will resist a system that is perceived to appraise or reward unfairly. While appraisal system may improve employee performance, ill-prepared performance appraisal system can adversely impact on employee performance (Akinbowale, Laurens & Jinnabhai, 2013).Thus as a result of lack of training of nurse-supervisors on performance appraisals, they are not abreast with the principles of staff appraisal practices.

Objective: The study was designed to assess the competence of nurse-supervisors in appraising subordinate staff.

Method: The study was conducted in three hospitals in the Tamale metropolis, namely: Tamale Teaching Hospital, Tamale Central and Tamale West Hospitals. It is a survey design of all nurse-supervisors (unit/department/ward in-charges) of the three facilities. The census sampling method was used contrary to the original plan due to the small number of the sampling frame. Thus a sample size of 50 was used. Data was gathered through the use of a structured instrument, that is the questionnaire. All respondents could read and with some few explanations understand and respond. The data gathered was analyzed with Statistical Package for Social Sciences (SPSS) software version 16.0.The data was presented in descriptive statistics of frequencies, percentages, pie and bar charts. The Tamale Teaching Hospital ethics department approved a request to conduct the research. Likewise, the management of the other two small facilities. The consent of participants were sought after explanation of the purpose and the context of the study to them before they responded to the questionnaires.

Outcome: Some nurses are deficient of appropriate knowledge of performance appraisal process; 6(12%) of respondents hold the view that appraisals of nurses should only be done when they are due for promotion. The more frequent an appraiser or nurse-supervisor is involved in appraisal process , the more efficient she becomes in the appraisal process as in the case of nurse-supervisors with a large span of control of 11 to 14 and above subordinates.

A good number 25(50%) of respondents indicated that they had no training in the use of the appraisal form which forms the backbone of formal appraisal process. This indicates the lack of appropriate knowledge of the appraisal process by nurse-supervisors. The 18 (36%) of the respondents admitting difficulty in objectively appraising subordinates. In such situation, objectivity is compromised and personal biases prevails in the appraising of subordinates. This could demoralize the nurses in their work execution. A significant number of respondents 21(42%) are of the opinion that appraisal reports are used for promotion. This indicates the right knowledge but is skewed. They lack the knowledge of the other uses of appraisal reports.

The study recommended the training of both nurse-supervisors and subordinate nurses, nurses who default to be appraised in any year should be sanctioned. Senior nurses need to be sponsored by management to pursue courses in nursing leadership and management or administration and continuous training or reminders of regional and district health officers annually.

I. INTRODUCTION

Nursing care forms the core of healthcare service that is essential for patient recovery. As a service; it is not quantifiable and so nurses performance output is not easily measured.

In spite of that performance appraisal is a formal evaluation of an employee's performance. Regular oversight and evaluation of performance are the responsibilities of

nursing administration whether or not they are required annually and in consonance with the requirements of human resource department. It is a process that is required to clarify how well the employee is performing his job according the job requirements. This is because performance appraisal is designed based on the employee job description. In the clinical setting, the standards or benchmark for job performance usual encompasses patient safety guidelines as spelt out by regulatory bodies.

Performance measurement is a useful basis for managerial decisions on recruitment, training, promotion, compensation, demotion or termination all these are done ultimately to ensure input resources are used efficiently (Jones, 2007).

A. BACKGROUND OF THE STUDY

The Public services commission introduced the new performance evaluation in Ghana in 1992. (GHS report on performance appraisal, 2005) Performance appraisal of employees of the ministry of health of Ghana until recently was done whenever an employee has received an invitation to attend a promotion interview. The staff of agents under the ministry of health, Ghana include: The Ghana Health service (all district hospitals, all regional hospitals, quasi and private hospitals). All these are administered by the public services commission, an agency responsible for recruitment, promotion and compensation of all public and civil service staff. The performance appraisal instrument is designed by the public services commission. The appraisal of nurses is done by immediate nurse-supervisors. The appraisal form is sent to the ministry and public services commission at a promotion interview. Many nurse- supervisors complain about lack of adequate knowledge about the performance appraisal system .Many nurse-managers perceive performance appraisal to be time-consuming process of endless process paper-work (Yonder-Wise, 2007). This is because most of them did not learn performance appraisal as it is not in the curriculum in the nursing training schools in Ghana. Others have acquired some knowledge about performance appraisal through workshops but did not consider it important to implement it in their practice because they deem it an obstruction to smooth patient care. Through the human resource personnel, nurse-supervisors have acquired some basic knowledge in performance evaluation and for that matter performance appraisal; they still have knowledge gaps in performance appraisal process.

B. STUDY RATIONALE

The study is conducted to find out the knowledge and skill of nurse-supervisors in appraising subordinates working in health facilities in the Tamale Metropolis. Inadequate knowledge or gaps in knowledge and skills in the appraisal process can negatively affect the performance appraisal of nurses and so when they are identified and duly address will lead to effective performance appraisal of staff. An attempt was made to seek for information in search engines such as Google scholar, HINARI, PUBMED which yielded very little expected results because sometimes relevant articles need be paid for online. Searching Google and sociological abstracts yielded much of the information and that of relevant text books. The search for literature is done with terms such as performance appraisals, performance evaluation, performance review, performance management, nurse competence, appraisal, rator and rate or appraiser and appraise.

A critical study of some publications on performance appraisal system are mostly on problems with implementation and lack of knowledge in performance appraisal system and the study population often generalized to include all health workers.

The study aims to highlight more on the lapses of the current system and also improve understanding of the performance appraisal process. It further aims to make recommendations and suggestions based on the findings. The rationale can be realized base on the pursuit of the following objectives.

C. OBJECTIVES

In order to remain focus, the following objectives are formulated to enhance focus on the areas of inquiry.

a. GENERAL OBJECTIVE

To assess the knowledge and skills of nurse-supervisors in appraising subordinate staff in the public hospitals in Tamale metropolis

b. SPECIFIC OBJECTIVES

✓ To assess the knowledge of nurse-supervisors on the performance appraisal process.
✓ To determine the nurse-supervisors impression about the use of the appraisal instrument.
✓ To identify problems encountered by nurse-supervisors during appraisal of subordinate staff.
✓ iv. To examine the use of performance appraisals reports.

c. RESEARCH QUESTIONS

The research objectives lead to the research questions formulated as follows:
To what extend are nurse-supervisors capable in appraising subordinate staff?
✓ How do nurse-supervisors understand the use of performance appraisal?
✓ Do nurse-supervisors observe any issues with the appraisal instrument?
✓ Do nurse-supervisors encounter problems during the appraisal process?
✓ What are performance appraisal reports used for?

D. DEFINITION OF TERMS

APPRAISER OR RATER: the nurse supervisor who assesses the subordinate's performance and allocate ratings.
APPRAISEE OR RATE: the subordinate nurse whose performance is assessed by his/her supervisor
PERFORMANCE: the execution of nursing task with professional skills.

APPRAISAL: assess the ability of a nurse to carry out prescribed job by a supervisor or consultant.

PERFORMANCE APPRAISAL SYSTEM: is the process by which a superior assess the capability or job behaviour of nurses to execute their jobs by comparing it with present standard.

NURSE-SUPERVISOR: this is a senior nurse who is the ward/unit in –charge and her assistant who is/ are senior nursing officers.

NURSE MANAGERS OR MATRONS: these are senior nurses who are the overall supervisors of nurses in a hospital.

S.N.O: Senior Nursing Officer

P.N.O: Principal Nursing Officer

D.D.N.S: Deputy Director of Nursing Services

II. LITERATURE REVIEW

A. DEFINITION AND HISTORY

''Performance appraisal is a control process in which employees performance are evaluated against standards .Pay for performance incorporates the principles of performance appraisals''. (Russell .L. A ,2005).

''Performance management is a borrowed term from management literature that has been adopted in healthcare field. In the 1960s and 70s performance management was often equated to some form of merit rating, in the 1980s and 90s , it has been connected to new management paradigms such as MBOs, BARs and performance appraisal. In the public sector the most popular approach to performance management has been the use of staff appraisals''(Martinez .J,2000).The staff appraisal has been used in Ghana's public system for many years. According to A Public Services Commission document titled' ''Performance management policy for Public services of Ghana,1997'' a performance agreement system was introduced in 1997 to provide an objective means of assessing the performance of senior staff of the civil service.'' The difference between performance appraisal and performance management is that, performance appraisal also called performance evaluation are tools used to measure the effectiveness of an employee output or that of most organizations. Performance appraisals are conducted once in a year as an annual evaluation process by most organizations. One characteristic of a performance management system is its changing nature. The performance evaluation tool can be used while incorporating other elements into the performance appraisal system (American Library Association-APA News, June 2008)

B. OVERVIEW OF PERFORMANCE APPRAISAL

"The performance appraisal is a periodic and systematic process that measures an employee job performance and output linked to organizational target or objectives" (Mantra & Reddy, 2009). The performance appraisal system creates an opportunity to correct current performance deficiencies of employees and also motivate improvement and be used for reward in the form of salaries or wages and personnel issues, and promote improved planning for career pursuits. It is rare to find an institution organizing a training session for an individual for capacity improvement in Ghana Health Service or the ministry of health based on his/her weaknesses identified during the process of appraisal. However, gradually improvement in the performance appraisal practices may soon see such a change .According to (Yonder-Wise, 2007) "appraisal can be formal in that process are followed logically or informal; Performance appraisals may also include personal and peer evaluations as well as managerial components. An informal appraisal might be a commendation such as instantly praising the individual for performance target met or exceeded. The formal appraisal involves written documentation according to specific organization guidelines. Whether the evaluation is informal or formal, it does not preclude interim evaluations. It is, however one of the most important tools for first-line managers/supervisors'' (Morrison, 1993) It is however unknown to these nurse-supervisors that performance appraisal is a managerial tool because acceptability is gradually increasing with some still perceiving it as a tool for use only when promotions are due.

C. CONCEPTUAL FRAMEWORK

An article that continues to explore issues linked to competence initiated by concentrating on the need for, and how to use a pertinent and cohesive capability framework .It describes a coordinated results-oriented system based on concepts related to establishing practice accomplishment classifications, adopting practical learning by hands-on methods and key psychometric methods that support performance measurements.

Two types of performance evaluation are: concepts that relate to development and implementation of various types of objective evaluation. Two variations of competency of assessment to make clear levels and types of expected abilities entitled Competence Performance Assessment (CPA) and Competence Performance Examination (CPE). CPAs are designed for use in a teaching method where the student is a passive participant and only use the mind as in listening (didactic) in the classroom. A case in point is project and poster presentations and scanning of reports, textbooks, research articles or any literary work whether published or unpublished. CPEs are used in patient care in clinical settings, and associated clinical elements that are more exacting as they take into consideration the ethical implications, legal requirements and professional aspects of responsible care of real life situations. Thus, the wide range of practice capabilities can be assessed objectively using a similar set of psychometric concepts, policies, and protocols regardless of the type of skills involved and where they are learned (Lenburg C.B, 1990).

D. STUDIES RELATED TO PERFORMANCE APPRAISAL

Spiegel reported in 1962 that by the early 1960s more than 60 percent of Americans organizations had a performance appraisal system. The system became popular as a result of the Army's implementation of a performance appraisal system for its officers. From then theories were developed on how

different performance appraisal methods bring about the success of the institution (American Library Association-APA News, June 2008)

Before 1983, Xerox had an age old appraisal system that links merit pay increases to performance rating. Appraisees were not satisfied with the absence of an equitable rating across the chosen dimensions .Of the employees 95% were at the level of three or four in a four level rating. Forced distribution was used to control the numbers of employees above or below a specific level. (Russell .L. A ,2005).

In many Europeans countries, formal performance appraisal system remain in their early stage, although there is pervasiveness adoption of performance related bonus award. Only 7% of employees in small firms with a number of 5 workers or less undergo appraisals in Germany. This is in contrary with over half in firms manned by employees numbering over 2000. In France and UK workers on a definite term constant are less subject to performance appraisal. Full time employees are more appraised than part-time workers in France. In Germany, women are less appraised as compared to men. (Federation of international employers, Global, 2015) In Ghana, the Public Service Commission initially required senior officers to be appraised but this has changed now because all categories of ranks in both the civil service and public services. Ghana public service workers among other service workers includes the health staff and those that do teaching as profession.

The nursing profession before 1970s was well known for failing to observe any ongoing appraisal system for its members after they had completed their training. In reality, it must be stated, however, other disciplines within the health sector were not better, sadly, the need for effective appraisal on a regular basis was not taken seriously. (Dodwell and Lathlean, 1989).

In a similar vein, when performance appraisal system was introduced into the civil and public systems of Ghana, various health professionals did not consider appraisal imperative. It was only done when one was due for promotion interview.

Performance evaluations or appraisals are only one example of the many applications for formal evaluation process. It is however, one of the most important tools for the first line supervisor or manager. Staff evaluation may be done by peer review process but more commonly, it is conducted by immediate supervisors or unit managers and ward in-charges in the case of nurses. Work evaluations are also called performance appraisals or performance evaluations.

The annual performance appraisal is used to measure results achieved by the individual employee and the organization. Both the supervisor and the worker prepare a report of the individual's achievement according to the objectives. Successes chalked by employees are rewarded and commendations made, while poor performance are analyzed and plans are drawn to offer in-service training to such employees to improve performance (Morrison, 1993).

E. STUDIES OF PERFORMANCE APPRAISAL RELATED TO NURSING

Through a concept of analysis process, various dimensions of nurse competency were assessed. The competency is defined by the application of skills in all areas of nursing practice, instructions that are directed towards specific outcomes or competencies, allowance for improved levels of competency, accountability for the learner, practice-based learning, assessment of oneself and everyone's learning experience. The learning domain for competency assurance involves the learner in assessment and accountability, provides practiced –based learning opportunities and makes learning experience an individual issue (Tilly, S, 2008)

A study of performance appraisal discussed the importance of performance appraisal and staff development for nurses. It argues that these help newly qualified nurses to enhance and strengthen their knowledge and skills. Further, the resultant benefit for employers is to enhance quality outcome, high job satisfaction by employees and cost-effective application of input resources. Performance appraisal and staff development limitation, however, occur when management and employees fail to understand the principles guiding performance appraisal and thus calls for deliberation with employees about their development in performing job activities. (Mecalf, C, 2008) In Ghana, nurses depend on human resources personnel and medical directors for guidance in administrative and management practices such as performance appraisals. This is because nurses are not formally trained in that discipline.

According to (Manburg, E, Nassel, F and Frunes, 2011) researchers have shown that performance appraisal efficiency may be associated with the resources the organization puts into the system through educational opportunities. Essentially, introductory courses in performance appraisal are necessary for the entire work force. Employees with performance appraisal training or bachelor education learn more from performance appraisal because they participate actively in the process. The nurse-supervisor assesses the work in the department which means that the supervisor assesses who is competent to perform certain jobs .Simple repetitive tasks are often delegated to employees with lower education or no formal education. Education, knowledge and skills are important and useful for both job motivation and for performance appraisal in particular, along with increasing learning outcome. However, training of both managers and employees in performance appraisal procedures may be a key condition for its success in any system and in any country.

a. THE PURPOSE OF PERFROMANCE APPRAISAL

According to (Tomey, 2004) some purposes of nurse performance appraisal include the determination of professional competence and address any lapses detected. Performance appraisals determine staff development needs and fulfill these needs through in-service training to address employee performance deficiencies detected during appraisal process. Performance appraisal motivate employees towards higher achievement, improvement in communication between nurses and their immediate supervisors and thus enhance better relationships between them. Performance appraisal enables select qualified nurses for advancement and salary increases.

The overriding purpose of performance appraisal is to help staff to improve and thus improve organizational

expected performance levels. The use of Performance appraisal affords providing institutional needs as well as staff members needs, abilities, motivation and expectations.

Appraisals involves Staff evaluation according to job requirements and the training of staff for improved performance. Thus performance appraisal and staff developments are closely related and should operate in concert with one another. The effectiveness of performance appraisal system espouses clarity, fairness, openness, and; recognize productivity through rewards; and be aware of appraiser leadership qualities. (Wiston and Creamer, 1997)

b. THE APPRAISER/ RATER QUALITIES

The appraiser leadership behavior may be more than the format used in the performance appraisal system. Appraisers who act like leaders in the organization are more likely to experience successful results from the appraisal system than will appraisers who behave as non-leaders. Leaders can model desired behavior and prescribe behavior sought from staff (Winston and Creamer, 1997). Raters or supervisors make performance appraisal work. A training program can give nurse-supervisors or raters a conceptual understanding of performance appraisal as a management system for transmitting, reinforcing and rewarding the behaviours desired by the organization. Raters or nurse supervisors need to know how performance appraisals will be used by .nurse Supervisors who need to have knowledge in behaviour observation, records of performance that support the consensus of assessing a team, that is cognisant to employees and protect them against the law and performance standards.(Russell.L. A, 2011).

Through regular evaluation of each employee's job performance, a manager can achieve multiple goals or purposes. It can help the manager to identify an employee who deserves promotion or locating the best individual for special assignment, improving communication with a disillusioned or dissatisfied worker; and establishing a basis for later job coaching. This purpose of performance appraisal system indicates when capacity building is appropriate to the Ghana health service and as (Tomey, 2004), indicated that to decide nurses developmental requirements that will help them work efficiently.

c. PRINCIPLES OF PERFORMANCE APPRAISAL SYSTEM

Certain principles must be followed to evaluate a subordinate's job performance accurately and fairly. First the employee's appraisal should be based on behaviorally stated performance standards for the position occupied Romber in (Gilles, 1994). The job prescription and related performance standards are presented to an employee during orientation as desirable work goals. Therefore a nurse's job performance should be evaluated with reference to progress toward those work goals.

An adequate representative sample of the nurse's job behavior should be observed to provide a basis for evaluation. Care should be taken to evaluate the nurse's usual or consistent Job behavior and to avoid undue attention to a single, atypical instance of superior or inept behavior.

Federal guidelines have made provision that performance appraisal of employees be informed by employee analysis results. The outcome of a job analysis is used for the purposes of recruitment as well as for performance appraisal and promotion guidelines. It should be according to the prevailing job situation and thus current. A job analysis generally encompasses the characteristics of the desired skills, knowledge and capabilities that are necessary for executing a any particular Job. As such, it can be used as a guide for career development in employee capacity building in task performance, predicting job dimensions and performance appraisals. The job analysis helps determine the worth of a Job relating to reward while ensuring that equitable pay system is practiced in most cases. Job specifications generally describe the qualities and characteristics of the job candidate or employee needed to perform the Job. The duties and responsibilities of a particular job role characterize the job description for an employee. The job analysis also serves as guide to the administration to determine recruitment needs to make predictive decisions for staffing needs within the organization (Swansbury & Swansburg, 1999).

F. PERFORMANCE APPRAISAL METHODS

The appraisal methods are incorporated in the appraisal of nurses in Ghana are few but those described below can be applied one at a time in part or whole by any institution.

a. ANECDOTAL RECORDS

These are objective descriptions of behavior recorded in a plain paper or form. The notations should include who was observed, by whom, when and where. The notation comprises a description of the setting or background and the incident, the interpretation and recommendations are also added. Words such as good or bad are avoided in such instances.

b. FORCED DISTRIBUTION SCALE

This is a norm-referenced tool that prevents the evaluator from rating all individuals in the same manner. The evaluator is provided a schematic diagram and asked the individual according to all individuals the manager evaluates. This scale also provides the employee with a brief visual picture of how this evaluator has ranked the individual's performance in reference to others. The evaluator has an even distribution of scores for the evaluation summary of all employees.

c. FORCED CHOICE

In a force choice comparison the evaluation chooses from a group of weighted descriptive statements those that best describe the employee being evaluated and those that least describe her. Favorable and unfavorable items are grouped so the evaluator select some unfavorable and some favorable statements to describe the individuals performance. This feature counteracts the tendency toward leniency as displayed by some evaluators.

Descriptive statements on the tool are weighted according to their ability to predict success in the position occupied by the employee being evaluated.

d. GRAPHIC RATING SCALES

This includes a listing of several activities included in an employee's job description. The manager indicates the quality of employee's performance of each activity by checking the appropriate point on a numerical scale or selecting the appropriate phrase from several. This is popular because it is easy to construct. 'It promotes halo or recency bias effect'' (Yonder-Wise, 2007). Some raters tend to generalize one good aspect of a subordinate to all situations. The rater may evaluate an appraisee based solely on recent events thus adversely affecting objectivity of the process.

e. CHECK LIST

The most commonly used type of performance evaluation tool. Check list are easy to use and only require the rater to determine whether the person being evaluated falls below the standards, meets the standards or exceed the standards of the organization. The problem with the checklist is that they often lead to rater errors, especially central tendency. Most often this happens when the evaluator is familiar with the persons he/she is evaluating or because she/he has not really observed them in performance of certain activities. Employees often complain that they really have no idea of whether they are doing well or improving because their evaluations vary little year after year. Checklist is more of the items in the appraisal instrument used by the ministry of health of Ghana.

f. PEER REVIEWS

This is a means of evaluating appraisees, especially in a decentralized organization. Appraising the criteria of the nursing care given to patients and regularly checking if it is in the right direction. Acceptable standards of practice are often used to determine the quality of care. The process of peer review may vary from organization to organization. Each institution should establish guidelines for conducting peer reviews. These guidelines should describe who, what, when, how often and under what circumstances. A method that is commonly used in many institutions is critiquing patient records.

g. MANAGEMENT BY OBJECTIVES (MBOS)

This method has been used for many years. This involves establishing performance goals jointly between the manager and the employee for upcoming appraisal period. Progress regarding the accomplishment of these goals is documented throughout the rating period. An MBO approach requires that employee establishes clear and measurable objectives at the beginning of each rating period. Then during the performance appraisal evaluation, both the employee and the manager write as a way of addressing the set objectives. In effect, the employee has created a "performance contract" as well as having defined goals for future professional performance.

h. 360 DEGREE FEEDBACK

This is a multisource system of assessment including self appraisal and subordinate, peer, and administrative feedback. It creates credible feedback, reduces supervisor biases, supports a team environment, supports cares development, moves from seniority to a performance system, and allows rewarding high performance. Unfortunately, friendship is or competition may bias the process, some people may collude; some respondents are more critical than others, and some teams are harder than others.

i. SELF APPRAISAL

It is less structured approach used in participative organizations that promotes employee acceptance of plans for improvement and uses the manager as a coach instead of a judge. Personnel are the best source of information about their work.

j. EVALUATOR BIAS

The more examples of behavior the nursing administrator has to work with, the less biased the appraisal will be. Performance appraisal is an interpersonal process containing an element of subjectivity. Regardless of the tool used, someone must evaluate the employee. In most instances, the employee's immediate supervisor is the person who does this. To guard against subjective attitudes and values influencing the appraisal, the appraiser should develop an awareness of her/his biases and prejudices. Some of the most common rater errors include

- ✓ Central tendency – rater may mark every one as average, especially if she is unsure how certain people performed.
- ✓ "Halo effect" trait carries over; the person whose performance is good in several known areas is assumed to be good in other perhaps unknown areas.
- ✓ "Horn effect" One poor performance may weigh heavier with the rater than many good performances.
- ✓ Recency effect: recent event could bias the rater
- ✓ Leniency ratings: the rater may score the person higher than he deserves so the person will think kindly of the rater.

G. PERFORMANCE APPAISAL FEEDBACK

Performance appraisal is a control process in which employees' performance is evaluated against standards (Swansburg & Swansburg 1999). Providing feedback to employees regarding their performance is one of the strongest rewards an organization can provide. Performance appraisals are individual evaluations of work performance. Ideally, evaluations are conducted on an on-going basis, not at the conclusion of a predetermined period, (Chandra & Frank in Yonder - wise, 2007) noted that performance appraisal can serve to motivate employees and improve their performance.'' The success of every appraisal system depends on the key results of such a tool" (Daoanis,2012)

The process of providing feedback for either above average or below average performance is sometimes understood at a time closest to the incidents being evaluated. Some appraisees tend to attach negative perception to the real appraisal process. University and college students commonly evaluate their lecturers at the end of every semester as such patients can evaluate the care given them provided their mental faculties are intact after a stay in a care setting. It is an accepted norm that employees can appraise their supervisors and leaders (Tony,2004)

H. PROBLEMS IN PERFORMANCE APPRAISAL

To achieve objectivity in evaluating subordinate, a manager must overcome four types of bias: halo effect, horns effect, central tendency error and self – aggrandizing effect. All these have outlined above.

The most serious problem in performance appraisal is the fact that some managers deliberately craft subordinate's ratings to create an image of their own leadership style. Some managers give high ratings to all subordinates to demonstrate their own superior motivational and training abilities, some give low ratings to all subordinates to demonstrate a tough approach toward obtaining maximum employee productivity Brucks in (Gilies, 1997).

Where the manager sits down with the employee to discuss their separate interpretations of the subordinate's performance, is the Achilles heel of the entire evaluating process. Too often the performance appraisal interview is not conducted as a dialogue but is a pronouncement. The manager has arrived at conclusion about the quality of the nurse's performance before the interview and uses the interview to notify the nurse of his/her conclusion. According to experts the key to a successful performance appraisal is subordinate's "ownership'' of the evaluation process.

It is not always that performance appraisal increase productivity. This is because of the performance appraisal may be biased, not accurate and unaccepted by users. Occasionally, increased dissatisfaction is associated with performance appraisal, absence of motivation and resistance on the part of both the appraiser and the appraisee especially in the public health system. This condition arise as a result of mistakes in the process of evaluation. Lack of fairness in appraisal practices or biases in the process of appraisal as well as the absence of harmony between employee needs and appraisal goals. More so the absence of clear and independent performance appraisal parameters Giangreco, Garugati, Sebastiano and Tamimi in (Azargashb.E, Majd, H.A and Nikpeyma,N,2014) In the case of the health system in Ghana, some employees cannot define their goals and relate them to organizational goals, However, where employees are able to understand this but pragmatic steps are not put in place to implement them in a dedicated manner. Anyway, issue of independent performance appraisal dimensions is lacking.

I. THE ROLE OF THE NURSE-MANAGER/SUPERVISOR IN THE APPRAISAL PROCESS.

According to (Swansburg, R C,1990) some raters or nurse-managers receive rater training, however, employees training has not always been welcomed. Only 20% of raters are held accountable for managing the appraisal process. (Wang, X. M, Wong K.Y and Kwong J.Y,2010) performance appraisal is directed by goals that suggests that raters with different performance targets will give different ratings .Raters exaggerate their peer ratings under the harmony , fairness and motivating conditions in a peer rating on one hand and on the other , in a non-peer rating context and found that raters do use different rating tactics to achieve some specific goals.

The supervisor must have knowledge in performance appraisals and willingly agree to act as a supervisor and must be duly appointed by relevant authorities. The supervisor should work with the supervisee to develop a supervised practiced plan. There should be a professional relationship between the supervisor and the supervisee. (Australian Health Practitioner Agency, 2013). According to (Baker, S. et al, 2013) ''the more traditional roles of discipline and performance appraisals were considered important by more matured leaders.''

The nurse-manager should organize materials for the upcoming meeting with her/his subordinates. The meeting begins with reviewing the employees past performance goals established for year. The benefits of prior planning cannot be overemphasized The nurse-manager should be in-charge and prepare for all contingencies. Successful performance appraisal system require a well conceived and well executed plan of action. To evaluate subordinates better, the nurse-manager need to know much about the person being evaluated as possible (Jones, 2007).

J. THE INTERVIEW PROCESS

Scheduling the appraisal meeting in advance and allowing both parties to prepare for the appraisal process is important. The interview should be conducted professionally and in a positive manner. It is an ideal time between the employee and the nurse-manager. There should not be interruptions if possible. The time is important for clarifications of employee and organizational goals. Evaluations of employee performance should be objective and non-emotional. The evaluation instrument should be carefully completed and time should be allowed for discussion. Goals may be established. The nurse-manager and the employee should sign the appraisal forms and each should be provided a copy. Effective communication between the nurse-manager and the employee can prevent potential problems on a unit (Yonder-Wise,)

III. METHODOLOGY

A. INTRODUCTION

The chapter will take a look at the methodology used to collect data and data analysis. The chapter will outline the

research approach, sampling procedure and sample size, research instrument, data collection and data analysis.

A. RESEARCH DESIGN

The survey design was used to study the appraisal practices of ward supervisors or ward in-charges of the three hospitals. This involves preparation of a list of all ward/units and departments of the three hospitals. Each ward, unit or department is manned by a senior nurse known as a ward in-charge, these are supervisors.

B. THE STUDY AREA

The study is about assessing the nurse-supervisors competence in the process of conducting performance appraisal in Tamale teaching hospital, Tamale central and Tamale west hospital respectively. The three facilities are located in the Tamale metropolis, Tamale central and west hospital denoting their area of location. Tamale Teaching hospital is larger in terms of bed capacity than the two hospitals together and is located in the south eastern part of the city. The teaching hospital is manned by all categories of health experts including nurses numbering over 500 hundred. It is a referral center for the northern sector of Ghana including the Upper West and East Regions and northern part of Brong Ahafo. The Tamale West and Central hospitals are less in capacity and consists of wards and units about ten or less in number each.

C. POPULATION

The target population is senior nurses who superintends over a span of control, meaning supervising a number of nurses and auxiliary staff and those senior nurses who ever performed appraisal of subordinates and are continuing such job roles. These could be wards or units under the management of senior nurses. The break down include: Tamale Teaching Hospital wards, departments or units manned by 32 nurse-supervisors; Tamale Central Hospital has a total of 12 ward/unit nurse- supervisors and Tamale West Hospital 10, making a total of 54 nurse-supervisors.

The teaching hospital is larger than the other two. It has a nurse population of over 500.These nurses include specialists nurses working in specialists units such as intensive, ENT, perioperative, ophthalmic, public health, emergency and paediatric units and general nurses who are in the majority.

D. CRITERIA FOR SAMPLE SELECTION

All senior nurses who attained the responsible position of ward/unit in-charges and supervises number of nurses and perhaps some category of staff.

a. INCLUSION CRITERIA

The study sample with true representative of all nurse – supervisors in the facilities in the Tamale metropolis, northern region and Ghana at large. The senior nurses in the target population who are in the grades of senior nursing officer,

principal nursing officer or deputy director of nursing and are playing supervisory roles or managing wards, departments or units. All those nurses who assumed supervisory or managerial roles in a year ago and has done appraisal of subordinates at least once were made to participate in the survey.

b. EXCLUSION CRITERIA

✓ Senior nurses who attained the grades of senior nursing officers and above ranks and are neither the nurse-managers nor in an assisting position that do not perform such roles or functions as appraising subordinate nurses and auxiliary staff are excluded from the study.
✓ Senior Staff nurses and all nurses who are not in supervisory roles were not included in the studies.
Also senior nurses who are supervisors but were on study leave or annual leave and were not available at the time of the study.

E. STUDY DURATION

The activity chart below indicates the order in which the project was conducted in stages according to delineated periods from November,2014 to May, 2015.

SERIAL NUMBER	ACTIVTY	NOV 2014	DEC 2014	JAN 2015	FEB	MARCH	APRIL	MAY	PERSON EXECUTED ACTIVITY
1	Conceptualization								Researcher
2	Drafting of Concept Paper	↔							Researcher
3	Drafting of Proposal		↔						Researcher and guide
4	Revision of Proposal			↔					Researcher
5	Pretesting of Research Instrument				↔				Researcher and Assistant
6	Data Collection			↔					Researcher and Assistant
7	Data Entry and Analysis				↔	↔			Researcher and Guide
8	Report Writing					↔			
9	Review and Correction					↔			
10	Submission					↔			

Table 1

F. SAMPLE SIZE

The inability of the assistants of ward in-charges to meet the inclusion criteria reduced the sampling frame to 50. Thus the sample size is 50, that is by census sampling method. 30 ward in-charges represents the Tamale Teaching hospital, 10 from Tamale west and central hospitals.

This however, differs from the original plan of hat and draw method of the probability method.

The sample size would have been determined by inferential statistics to arrived at an objective sample size.

G. SAMPLING METHOD

The names of wards and departments of the three hospitals were listed on paper: The three hospitals are :Tamale

Teaching hospital being the largest has 30 wards and units with the other two hospitals with approximately 10 wards/units each..

The number of ward in-charges or supervisors qualified to participate in the study came to 30 from Tamale Teaching hospital and 10 participants from each of the other two hospitals making 50 ward in-charges or nurse-supervisors by using census method excluding their assistants contrary to the original plan.

a. PROBLEMS OF SAMPLING PLAN

The sampling plan was changed from the hat and draw of the probability method to the census plan because it was later on realized that assistant ward in-charges did not meet the inclusion criteria. The entire number of 50 nurse-supervisors/ward in-charges were available and met the criteria to participate in the project. The 50 ward in-charges were taken as the sample size, thus a census method was used instead of the planned probability method initially.

H. STUDY METHOD AND DATA COLLECTION

The data were collected with questionnaires as the instrument. This instrument is structured. It was constructed in simple English facilitating easy understanding by respondents. The instrument consists of 28 items and these included 'yes' or 'no', Likert scales, closed-end and open-ended items. The items were made in consonance with constructs from the four objectives set to guide the study.

These constructs include: respondents demographics, the number of years of working experience in any of the three facilities or in the service, nurse-supervisors knowledge in appraising subordinate staff, the nurse-supervisors impressions about the current appraisal form that is being used, problems associated with the use of appraisal reports.

The responses were first edited and then coded to facilitate easy estimation of the outcomes. Summated scores were used with each response. With the 'yes' response and 'no' response scored. Likert scales stated as follows 'strongly agree' ,'agree' for disagree and 'strongly disagree' and that of 'always', 'often', 'sometimes 'and 'never' were scored by the software.

A research assistant was oriented to help administer the questionnaires with close monitoring by the researcher. The research assistant was impressed upon to respect the participants rights .He was urged to clarify issues with respondents when sought but to be careful not to give them hints.

The research instrument was first subjected to vetting by human resource experts on performance appraisals who independently as an attempt at validating the instrument. The questionnaire were pretested in the Seventh Day Adventist hospital and repeated again after 10 days. This is a facility that is of the status of a district hospital. A number of 10 subjects were randomly chosen to participate in this pilot study. The replicated test yielded similar results indicating a consistency of the instrument as 1.0

I. DATA ANALYSIS

The data collected was analyzed with the use of the software such as Statistical Package for Social Scientists (SPSS) version 16.0.The data were illustrated with pie charts, bar charts and in percentages and frequencies. The data analysis was in line with the four objectives formulated to guide the study.

a. ETHICAL CONSIDERATION

Letters of request for permission was sent to the management of the Tamale Central and West Hospitals and the Ethical committee of the Tamale Teaching Hospital. The documents were completed before permission was given by the three facilities to carry out the study. Detail explanation was given to each an individual respondent after seeking his/her consent. This was done in their offices. Respondents were made not to identify themselves on the questionnaires to ensure confidentiality.

b. CONFIDENTIALITY

The respondents were reassured of confidentiality and informed that the data obtained is only for research purposes. Questionnaires were recovered from the respondents were kept in the custody of the researcher, who did not allow unauthorized persons to have access to them.

c. BENEFICIENCE

The study findings were made known to the management of the facilities used for the study. The department of Tamale Teaching Hospital was given the information on the findings.

d. NON-MALFEASANCE

There is no harm caused to any respondents as a result of inappropriate disclosure or unauthorized persons having access to information. The study did not require body samples from participants, as a result no physical harm or psychological harm caused to any subject.

e. LIMITATIONS

✓ The available sample frame is not large enough to meet a random sampling method, that is 50 which is also the sample size.
✓ Some nurse-supervisors refused to participate in the study in spite of the comprehensive education given. This mainly applies to elderly nurse who might perceive that they are not personally and directly benefiting from the exercise.
✓ The research study needs a commitment of time but as a student and a worker, time is quite limited.
✓ The researcher did not receive funding from any agency or person and therefore cannot afford the services of more than one research assistant who would have helped in the gathering of data in a good time space .

- ✓ Thus, it is almost impossible to acquire log-in access to online databases, where relevant literature could be easily obtained.
- ✓ Some nurse-supervisors requested to respond to the questionnaire only in the house and thus refused to return the questionnaires.

IV. DATA ANALYSIS AND INTERPRETATION

This chapter presents the views of the respondents regarding the topic: Assessing the competence of nurse supervisors in appraising subordinate staff.

This study was conducted in three public hospitals in the Northern Region of Ghana. This included the Tamale Teaching Hospital, the West hospital and Central hospital.

A total of fifty questionnaires were distributed and total of 50 completed questionnaires were returned by the respondents giving a 100% response rate.

All participants were current professional nurses who are supervisors in Clinical wards or in management positions. All questions were not answered by all respondents; therefore, the frequencies indicated in tables and figures might often be less than the total number of respondents.

However, if the number of respondents were less the actual figure was indicated and missing values are noted. Due to the rounding off of individual percentage to one decimal point in subsequent tables and figures, the total cumulative percentages might not add up to exactly 100.0 in all cases. The resultant error is however never larger than 0.01 percent.

A brief personal profile of the respondents is provided in this section. Personal information includes respondents' clinical wards, current grade, sex, age, gender and highest qualification.

WARD /DEPARTMENT/UNIT

Ward/unit/Dept	Frequency	Percent
Missing	3	6.0
Gynaec Unit	11	22.0
Internal Medicine	10	20.0
OPD	5	10.0
Paediatrics	7	14.0
Surgery	14	28.0
Total	50	100.0

Source: field survey (2015)
Table 1: Nurse –supervisors of the various ward/unit/department

In Table 1,14 respondents represents 28% of the participants that works in the surgical wards/units is the highest and 5(10%) working in the OPD is the least.

GRADE OF RESPONDENTS

	Frequency	Percent
Missing	4	8.0
Community Mental Health Officer	1	2.0
DDNS	3	6.0
Nursing Officer	14	28.0
PMO	3	6.0
Principal Nursing Officer	10	20.0
Principal Midwifery Officer	1	2.0
Senior Midwifery Officer	1	2.0
Senior Nursing Officer	10	20.0
Senior Staff Nurse	2	4.0
SMO	1	2.0
Total	50	100.0

Source: field survey (2015)
*Table 2: Position/rank/grade*

Table 2 shows 14 (28%) of senior nursing officers, Nursing officers 14(28%) and principal nursing officers 10(20%). Respondents of the highest rank DDNS are 3 (6%).

	Frequency	Percent
Male	10	27.8
Female	26	72.2
Total	36	100.0

Source: field survey (2015)
Table 3: Gender of respondents

The female nurses are in the majority constituting 26 (72%) of the respondents. This reflects the notion that nursing is a female profession. The male nurses make up 10 (20%) of the total number of respondents.
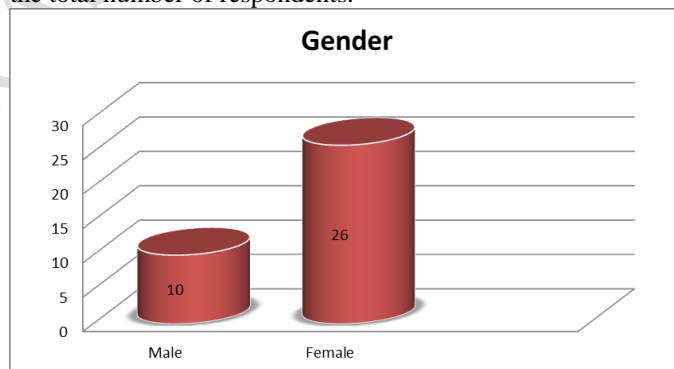
Source: field survey (2015)
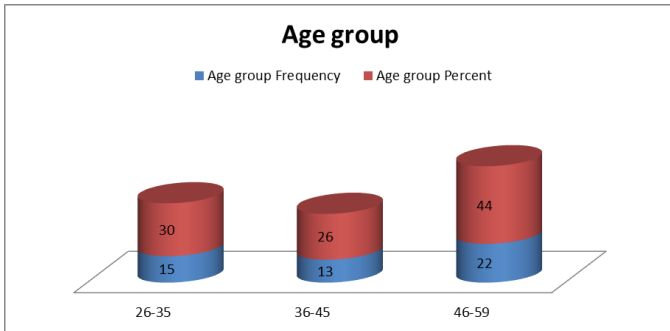*Bar graph1: Gender of Respondents*

Bar chart shows gender of respondents with 26(72.%) females and 10 (20%) males.

AGE group	Frequency	Percent
26-35	15	30
36-45	13	26
46-59	22	44
Total	36	100.0

Source: field survey (2015)
Table 4: Age group of respondents

22 respondents constituting 44 percent of the total number of respondents, the highest, are within the age group of 46-59 years, most staff in this group are experienced and are in managerial positions. The age group 26-35 making up 15 (30%) are youthful and are up to ten years in the job.

Age group

■ Age group Frequency ■ Age group Percent

Source: field survey (2015)
Bar graph 2: Age group of respondents

Bar Chart: 2 indicates age group of respondents with 22 representing 44% in the age group of 46-59, 13(26%) in the age group of 36-45 and 15 (30%) within the age range of 26-35 years.

Level of education	Frequency	Percent
missing	5	10.0
university	6	12.0
college	25	50.0
post basic nursing	12	24.0
others	1	2.0
Others	1	2.0
Total	50	100.0

Source: field survey (2015)
Table 5: Educational level

The highest are those that received college education, that is 25(50%) and 6(12%) received university education and 12 (24%) are undergraduate nurse specialists.

years	Frequency	Percent
2	10	20.0
3	39	78.0
4	1	2.0
Total	50	100.0

Source: field survey (2015)
Table 6: How many years have you been working here

Of the 50 respondents, 39 (78%) of them worked for 3 years as the highest number 1(2%) worked for 4 years. This could be due to the fact that nurses are transferred from one unit to another from time to time.

No's of Nurses supervised	Frequency	Percent
1-5	3	6.0
6-10	4	8.0
11-14	10	20.0
15- 19	15	30.0
20- 24	5	10.0
25-29	8	16.0
30-34	2	4.0
missing	3	6.0
TOTAL	50	100.0

Source: field survey (2015)
Table 7: How many nurses do you supervise

The table 7 above shows,15 respondents supervise 15-19 subordinate nurses as the highest and 2 supervise 30-34 nurses in their units of work. The span of control in each ward of the teaching hospital is mostly over 30 nurses but mostly less than 50 nurses per ward or unit. The number is relatively low in the other two hospitals, the Tamale West and Central hospitals respectively.

How many times do you perform staff appraisal in a year

■ How many times do you perform staff appraisal in a year Percent
■ How many times do you perform staff appraisal in a year Frequency
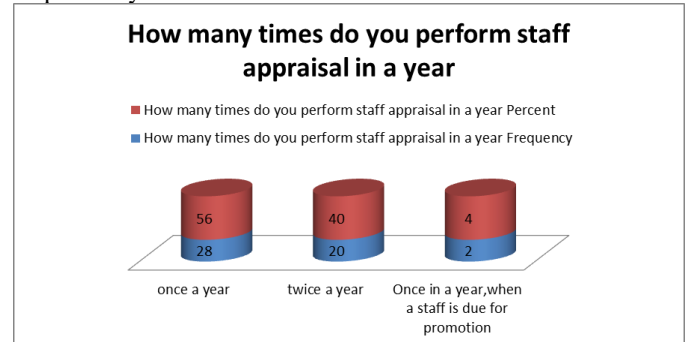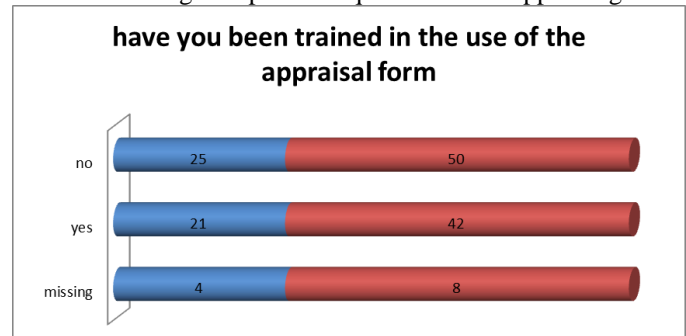
Source: field survey (2015)
Bar graph 3: Frequency of staff appraised per year.

The frequency of appraisals of staff saw 28 (56%) does appraisal once a year as the highest, followed by 20 (40%) are appraised twice a year and 2(4%) are only appraised when they due for promotion.


Do you you understand the specific requirements for appraising staff

■ Do you understand the specific requirements for appraising staff Frequency
■ Do you understand the specific requirements for appraising staff Percent
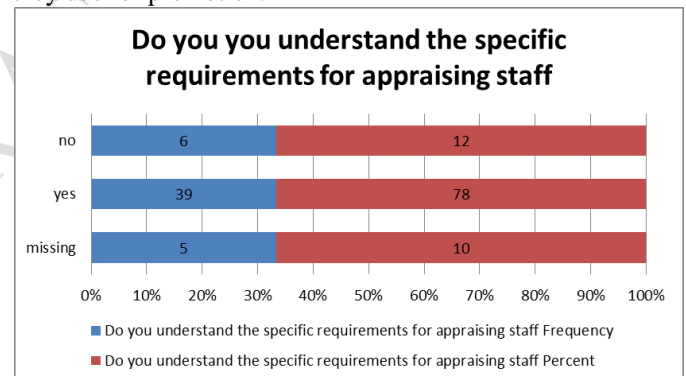
Graph 4: Requirements for appraising staff

In Graph 7 above, those who responded "no" 6 (12%) and those responded "yes"39 (78%) as the majority to the question of understanding the specific requirements for appraising staff.

have you been trained in the use of the appraisal form

Graph 5: Training on the use of appraisal form

In Graph 5 above, respondents were asked whether they were trained on the use of the appraisal form, 25 (50%) responded "no" and 21(42%) responded in the affirmative.
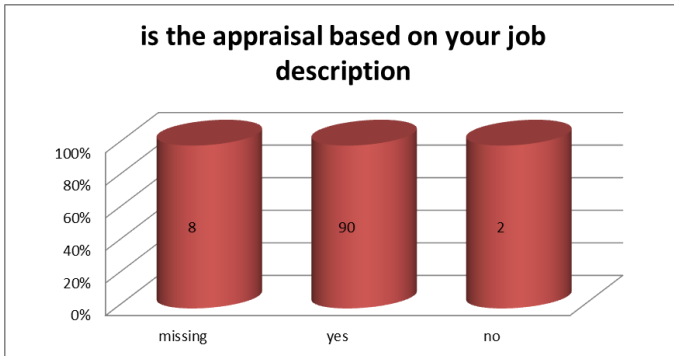
Source: field survey (2015)
Bar graph 6: Appraisal based on Job description

In Bar graph 9 above, the question sought to find out whether the appraisal is based on respondents job description. To this question, 2(4%) and 40 (80%) answered "no" and "yes" respectively.

Which type of appraisal method is/are mainly used in the design of the instrument?

Method	Frequency	Percent
missing	8	16.0
Rating scales	27	54.0
Job dimension scales	6	12.0
checklist	1	2.0
360 degree	1	2.0
Rating scales, Checklist	2	4.0
Rating scales, job dimension scales	5	10.0
Total	50	100.0

Source: field survey (2015)
Table 8: Types of Appraisal method/s

In Table 3 above, 27 representing 54% of the respondents viewed the instrument designed by the use of rating scales. This is followed by 6 (12%) who viewed the method used in designing the instrument as job dimension scales.
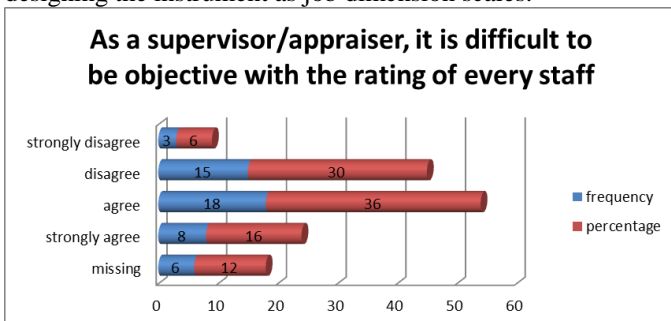
Source: field survey (2015)
Bar Graph 7: Objectivity in rating staff is difficult

The highest of 18 (36%) agreed and 8 (16%) strongly agree making a sum of 52% agree that it is difficult to objectively rate every staff, followed by 15 (30%) who disagree and 3 (6%) strongly disagree with this assertion. A total of 36% disagree that it is difficult to rate every staff objectively.
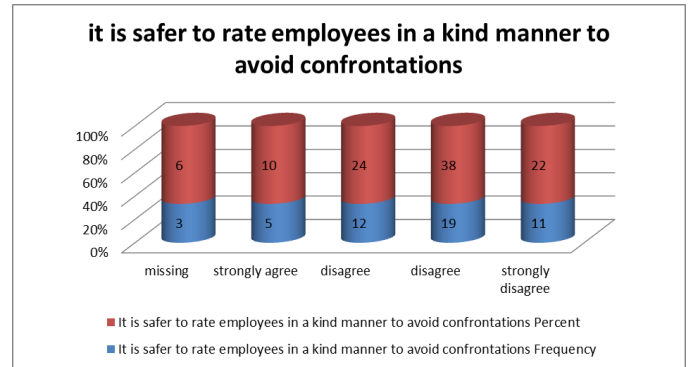
Source: field survey (2015
Bar graph 8: avoidance of confrontations

The above bar graph indicates 5 (10%) that strongly and 12 (24%) agree that employees are rated in a kind manner to avoid confrontations and 19 (38%) disagree as well as 11 (22%) strongly disagree to that assertion. In all, 34% agreed that it is safer to rate employees in kind manner whilst 60% disagree to that.
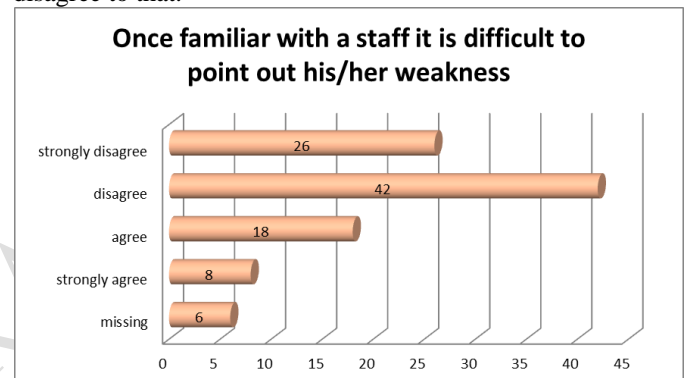
Source: field survey (2015)
*Graph 9: Difficulty in pointing the weaknesses of staff due to Familiarity*

21(42%) the highest of respondents disagree and 13 (26%) strongly disagree that familiarity should not bring about difficulty in pointing out the weaknesses of staff. 4 (8%) agreed strongly agreed and 9 (18%) agreed to the statement.
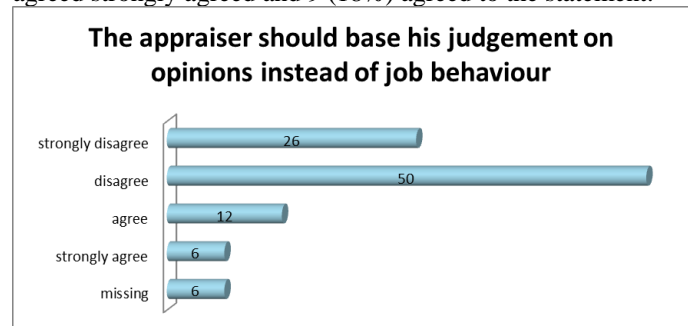
Source: field survey (2015)
Graph 10: Judgment of employee performance

In, graph 10 above, 25 (50%) is the highest of the number of respondents who disagree and 13 (26%) strongly disagree.3 (6%) strongly agree and 6 (12%) disagreed that judgment of performance should be based on opinion instead of job behavior.
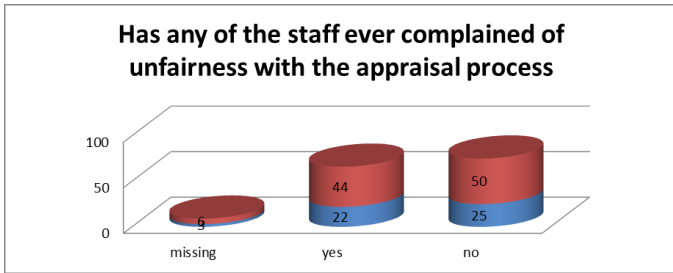
Source: field survey (2015)

Bar graph11: Complaints of unfairness

In the graph 11 above, 22 (44%) of respondents received complaints of unfairness and 25(50%) did not receive such complaints of unfairness in their way of staff appraisal.

If yes in 17 above, what was the complain?

	Frequency	Percent
missing	32	64.0
Dissatisfaction with the rating	6	12.0
felt discriminated	1	2.0
No feedback after appraisal	1	2.0
she complained about bias against her	4	8.0
that it seems i do not like him	4	8.0
they think they deserve better	2	4.0
Total	50	100.0

Source: field survey

Table 9: Type of complaints

The table 4 above depicts of only few respondents, 6(12%) as the highest that complained of dissatisfaction with the rating and the least of 1(2%) no feedback and 1(2%) felt discriminated against. Majority of the respondents 32(64%) did not respondent to this question.
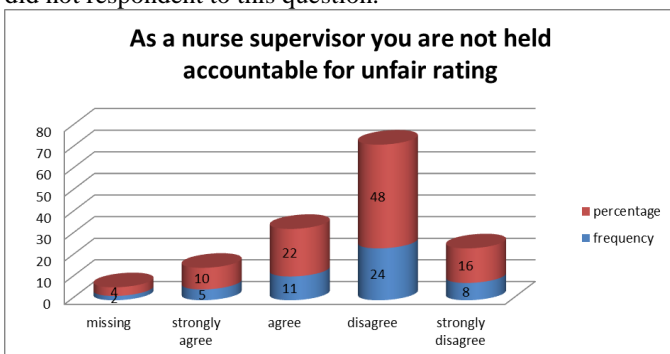
Source: field survey (2015)

Bar graph 12: Accountability for fair rating

The Bar Chart 15 above shows 24 respondents representing 48% as the highest disagree and 8(16%) strongly disagree that a nurse supervisor is not held accountable for unfair rating. The least number of respondents 5(10%) of respondents strongly agree that nurse supervisors are not accountable for unfair rating. Also 11(22%) also agreed that nurse supervisors are not held accountable for unfair rating making a total of 32% of respondents that agreed that nurse supervisors are unaccountable for unfair rating.
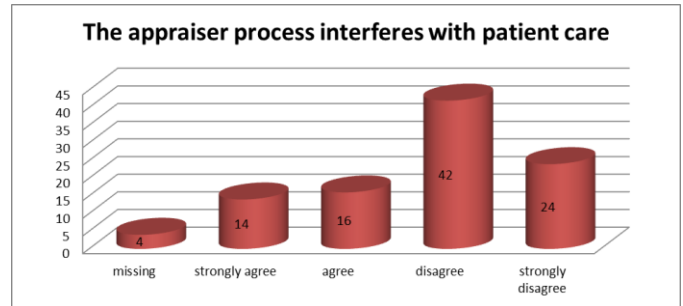
Source: field survey (2015)

*Bar Graph 13: Interference of patient care by appraisal process*

In Bar Graph 13, the item sought to find out whether the appraisal process interferes with nursing care. To this 21 is the highest number of respondents representing 42% disagree with that statement and 12 (24%) strongly disagree also making a sum of 66% of respondents that disagree. On the other hand, 7 respondents representing 14% strongly agree with the statement and 8 (16%) agree making a total of 30% of respondents agreeing that the appraisal process interferes with nursing care.
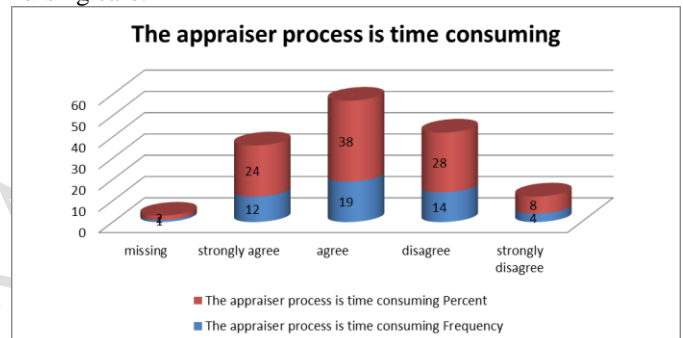
Source: field survey (2015)

*Bar Graph: 14 Time consuming by appraisal process.*

The bar graph 14 illustrates that 19 (38%) of respondents as the highest see that the appraisal process is time consuming, in addition to this, 12(24%) strongly agree that performance appraisal process is time consuming. 4(8%) is the least that strongly disagree that it is time consuming and 14(28%) also disagree that appraisal process is time-consuming.
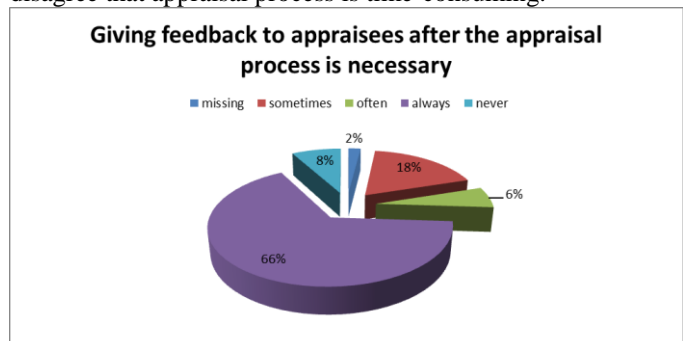
Source: field survey (2015)

Pie chart 1: Feed back to appraisees after the appraisal

33 (66%) of respondents as the highest always eceive feedback,3(6%) often receive feedback,19(38%) sometimes receive feedback after appraisal and the 1(2%) never receive appraisal feedback.
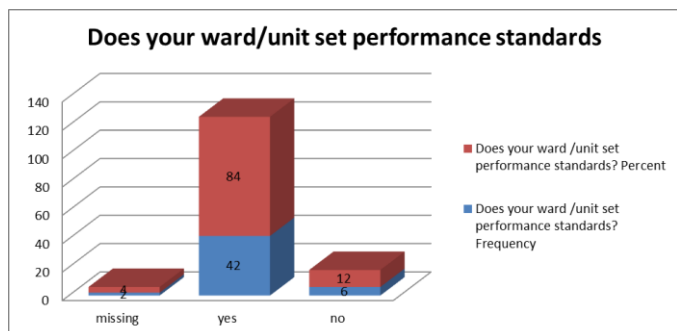
Source: field survey (2015)

Graph 15: Setting performance standards.

The Bar Graph 15 above shows that 42 respondents representing 84% affirm that their wards/ units set performance standards and 6 respondents making up 12% do not set standards in the wards /units of work.

Meeting or not meeting standards	Frequency	Percent
missing	3	6.0
some of them meet performance standards	25	50.0
All of them meet performance standards	7	14.0
none of them meet performance standards	1	2.0
only few do not meet performance standards	14	28.0
Total	50	100.0

Source: field survey (2015)

Table 10: Performance standards On appraising the nurses i found that

25 (50%) of the highest number of respondents meet some standards in the ward, 7(14%) meet all performance standards in the ward/ unit and the least of 1(2%) do not meet any standards the ward/unit. 14 (28%) meet some few standards in their ward/units.

Measures/interventions	Frequency	Percent
missing	2	4.0
i do coaching	4	8.0
i counsel those that do not meet the standards	10	20.0
i advise them to back up	3	6.0
i recommend a short period of training(workshop)	25	50.0
i counsel those that do not meet the standards, i advise them to back up, i recommend a short period of training(workshop)	4	8.0
I do coaching, i recommend the short period of training(workshop)	1	2.0
I do coaching, i counsel those that do not meet the standard	1	2.0
Total	50	100.0

Source: field survey (2015)

Table 11: Interventions for appraisees that do not meet performance standards by supervisors

In Table 6 above,25 representing 50% of respondents recommended workshops (short period of training) as the highest, followed by 10(20%) recommended counseling and the least number 1(2%) recommended coaching and workshop and another 1(2%) recommended coaching and counseling.
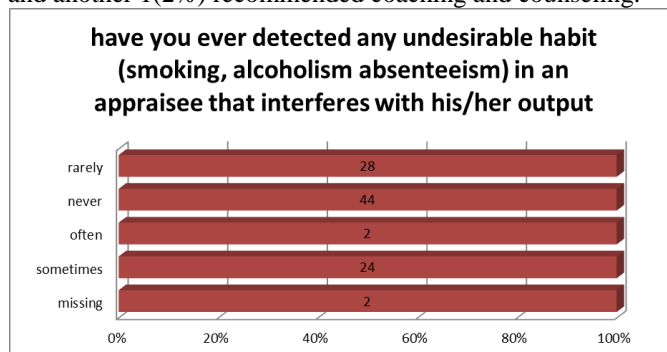
Source: field survey (2015)

Bar Graph 16: Detection of undesirable habit in a staff by nurse-supervisors

From the graph 16 above,22(44%) the highest number of respondents never encounter undesirable habit in any of their staff, followed by 12(24%) sometimes observe staff with such undesirable habit ,1(2%) often observed undesirable in staff and 14(28%) rarely observe such habits among their staff.

Measures recommended	Frequency	Percent
Missing	9	18.0
i don't usually appraise problem staff	5	10.0
i recommend redeployment of problem staff	3	6.0
i recommend rehabilitation for problem staff	33	66.0
Total	50	100.0

Source: field survey (2015)

Table 12: Handling of a problem staff during performance appraisal

Table 12 above indicates that 33(66%) of respondents is the highest number/percentage recommended that problem staff should be rehabilitated, 5(10%) do not appraise problem staff and the least of 3 (6%) recommended redeployment of problem staff.

Actions	Frequency	Percent
Missing	17	34.0
Counseling	4	8.0
i don't know	1	2.0
no intervention	8	16.0
their promotion are withheld	1	2.0
These people are denied with study leaves	1	2.0
training and workshop	18	36.0
Total	50	100.0

Source: field survey (2015).

Table 13: Actions by institutions in the case of staff not meeting performance standards

Table 8 above indicate that 18 (36%) the highest number/percentage of respondents said that their hospitals organize training workshop for those who do not meet performance standards,4(8%) said that their institutions do counseling and 1(2%) of respondents do not know,1(2%) said that their institutions withheld their promotion and another 1(2%) said their institutions denied people who performance do not meet performance standards are denied study leave.

uses	Frequency	Percent
Missing	2	4.0
development needs	2	4.0
development needs, promotions	2	4.0
development needs,promotions,training,manpower planning	7	14.0
development needs,training,manpower planning	2	4.0
promotion, posting/transfers	1	2.0
promotion, training	4	8.0
promotions	21	42.0
promotions, training, manpower planning	4	8.0
Training	5	10.0
Total	50	100.0

Source: field survey (2015)

Table 14: Uses of performance appraisal results

In Table 9 above, 21 respondents representing 42%, the highest number/percentage said that performance appraisal results are used for promotion and the least number of respondents 1(2%) said that appraisal results are used for promotion, posting and transfers.

V. DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS

A. DISCUSSION

A total of 50 questionnaires were distributed and 47 recovered thus giving a response rate of 94%.The highest number of respondents are nurses working in the surgical wards making up to 14(28%).Most of the respondents are in the grade of nursing officer who had not much experienced as that of the senior nursing officers and principal nursing officers in the appraisal of staff.

The female gender is greater in number, that is 36 (72%) of the respondents. Nurse-supervisors within the age range of 46-59 that is 44%, the majority of respondents. Most nurses within this age group are supervisors or managers in their units/wards except those who lack the minimum academic preparation to make them eligible. Most of the nurse-supervisors completed nursing training college and therefore are certificate or diploma holders who failed to pursue further studies but are promoted over years to attain their present grades. The 6(12%) university graduates indicate that a few of the ward in-charges are university graduates. Nurse - Supervisors with higher education, that is, bachelor degree and above have the capacity to understand such programs as performance appraisals better because they take active part in the process (Nassel, Marnburg and Frunner,2011).

39(78%) have worked between 11 to 15 years in the service. This group individually have themselves been appraised on several occasions but their interest to learn and do the correct thing is another matter. The supervisors with large span of control are more involved in staff appraisals as happens with 10 supervisors that control 11 to 14 subordinate nurses that need to be appraised annually. (University of Pittburg,2012) the more frequent a supervisor appraises staff during the performance appraisal period, the more effective the process is likely to be.

On assessing Nurse- supervisors knowledge on performance appraisal of subordinate nurses, it demonstrated some improved knowledge by majority of 28 (56%) indicating that performance appraisals is done once a year in their facilities of work. This might be attributed to increase awareness of human resource practices by the availability of professionals in that discipline as compared to the recent past. However,2 (4%) of the participants indicated that it is done when a nurse is due for promotion cannot be gloss over because they are the sincere respondents. It portrays still lack of knowledge about the appraisal process as most nurses only fill appraisal forms when they are invited for promotion and so come to believe that is only when one is due for promotion is the reality on the ground. Continuous communication is a must to facilitate an effect on attitudes. Therefore the frequency of appraisal relies on the job function, job content and the characteristics of the subordinate being appraised(Choudhary, G.B and Puranik,S,2014)

In assessing nurse-supervisors impression on performance appraisal instrument, 25 (50%) of respondents indicated that they have not received training on the use of the appraisal form. This implies that nurse-supervisors do not effectively follow the appraisal process in a formal appraisal system where the form is the instrument used .Feedback must be seen coming from a source trusted by the employees such as the nurse-supervisor (the appraiser) who must possess the necessary expertise. The appraiser must be a trustworthy person capable of working independently by interacting closely with the subordinate staff (Choudhary and Puranik, 2014).

On identifying the problems encountered by appraisers (rators) during appraisals, the problem of been objective with appraising staff is proven by 8 (16%) strongly agree and 18(36%) agree that it is difficult to be objective with rating every staff. A sum of 52% agreed that it is difficult to objectively rate every staff. This implies that a little more than half of the respondents possible appraise staff based on emotions or relations and this negatively affects objectivity. Thus some nurse-supervisors tend to be bias in the process of appraising some staff. Employee perception of fair treatment by their line-managers (nurse-supervisors) during appraisal results in trust in senior management and commitment to organizational goals. This shows clearly how crucial the

impact of line managers actions are on employee outcomes (Famdate,E and Kelliher, C,2013).

On examination of supervisors knowledge of the use of performance appraisal reports, 21 (42%) of the respondents are of the opinion that performance appraisal reports are used to determine promotions is a significant percentage. This shows that participants have some knowledge about the use of performance appraisal reports because they only do appraisals when some staffs are due for promotion. It is obvious that respondents do not have knowledge of other uses of performance appraisal reports .In many organization, appraisal reports are used to reward best performing employee with enhance merit pay ,promote the best employee or offer him/her bonuses .On the other hand these reports are used to counsel, train by way of workshops or formal training of employees whose performance is below expectation .Such poor performing employee may be demoted or dismissed if several attempts to correct that fails (Kurgat,2011)

B. CONCLUSIONS

✓ The study has revealed that nurse-supervisors, though learned something about performance appraisals, they lack adequate knowledge of performance appraisal process in the various facilities.
✓ Nurses –supervisors appraises subordinate nurses and yet do not have a mastery knowledge of how to fill the appraisal form appropriately.
✓ Nurse supervisors lack the skills of appraising staff in an objective manner to avoid ill-feeling among some subordinates.
✓ In as much as nurse-supervisors are well aware of the use of performance appraisal report for promotion, this knowledge is limited. They lack knowledge of other uses of performance appraisals.
✓ The greater number of nurse-supervisors do not have undergraduate academic preparation that could enable their easy understanding and appreciation of the performance appraisal system.

C. RECOMMENDATION

✓ It is behoves on the facilities managers to organize short training courses in the form of workshops and seminars for all nurses to educate them on the purpose and principles of performance appraisal practices.
✓ Nurses need to appreciate the necessity of going through appraisal process and not only when they are due for promotion. Defaulting nurses should be sanctioned.
✓ Management of hospitals need to sponsor the head nurses, the matrons to undertake short courses in nursing management and leadership who will in turn guide his/subordinates.
✓ The Ghana health service and the Teaching hospitals need to train head nurses if not in nursing management and leadership but a short course in administration in any university where such relevant courses are run. The universities in the country that run nursing programs should mount courses in nursing management and leadership or nursing administration and include performance appraisals in the curriculum.
✓ The ministry of health and Ghana health services need to organize training workshops on performance appraisal nationwide for only nurses annually.
✓ The diploma in general nursing curriculum should have performance appraisal as compulsory topic.

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