ENSIGN COLLEGE OF PUBLIC HEALTH, KPONG, EASTERN REGION, GHANA

AN ASSESSMENT OF THE PERFORMANCE MANAGEMENT PRACTICES IN THE HEALTH SECTOR: A CASE STUDY OF THE VRA HOSPITAL, AKOSOMBO

BY

LOVE GRACE OFORI

A Thesis submitted to the Department of Community Health in the Faculty of Public Health in partial fulfillment of the requirements for the degree

MASTER OF PUBLIC HEALTH

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Supervisor: Dr. Juliana Y. Enos

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DECLARATION

I hereby declare that except for reference to other people's work, which I have dully cited, this project submitted to the School of Graduate Studies, Kwame Nkrumah University of Science and Technology, Kumasi is the results of my own investigation and has not been presented for any other degree elsewhere.

Love Grace Ofori (147100010)

(Student)   ………………….   …………………
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Dr. Christopher Tetteh

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DEDICATION

I dedicate this work to my daughter Elsie Akpene Ankora for her immense support

ACKNOWLEDGEMENT

LIST OF ABBREVIATIONS

EBD   Evidence-Based Practice

KPI   Key Performance Indicators

NHS   National Health Service

OECD   Organization for Economic Co-operation and Development

PM   Performance Management

PMS   Performance Management System

RII   Relative Importance Index

VRA   Volta River Authority

WHO   World Health Organization

ABSTRACT

Performance management is a systematic process by which an organization involves its employees in improving organizational effectiveness in the accomplishment of the organization's mission, vision and goals. The general objective of this study was to assess the performance management practices of the VRA Hospital, Akosombo.

A cross-sectional study was conducted. All key and relevant officials of the hospital were recruited. The forty (40) top officials were selected based on their expert knowledge of the subject matter as well as their direct involvement in the performance management practices of the hospital. Semi open -ended questionnaires were used for data collection and was administered by trained assistants from the hospital. Data was analyzed using SPSS.

The study discovered that most of the respondents found the vision, mission and objectives of the hospital to be clear, motivating, right, well-aligned to the yearly objectives /targets of the hospital and also being clear about their roles towards the realization of the hospital's targets. Also that generally the VRA Hospital, Akosombo is highly efficient when it comes to clinical matters and this has culminated in better healthcare delivery to patients and assurance of both staff and patients' safety. Respondents indicated that the hospital serves its staff and its catchment communities (non-VRA) well and that the hospital upholds employees' safety; upholds safety of patients and technical quality in the clinical practice.

Majority of the respondents agreed that the hospital's performance management practices improve patient's satisfaction and that the hospital's PMS aligns to the vision and mission of the hospital, reduce unnecessary bureaucracy, improves employees' performance and ensures effective staff supervision. Most participants felt that the hospital's PMS rewards hard work, reduces inefficiency, enhances leadership and interpersonal skills. Furthermore, the three most important factors that motivate employees to give off their best at work were the performance management system in place, job satisfaction and salary levels. Some challenges of performance management practices at the VRA Hospital, were found to be; the environment/layout of buildings /departments were not optimal, equipment and tools being less optimal, physicians were focusing too much on quantitative (how many patients they see) instead of the qualitative performance (the quality and time of their work with their patients), insufficient manpower; bureaucracy. Also

Physicians, medical technicians, and all other professionals working too independently and the organizational structure.

In conclusion, if more focus is placed on putting in place effective performance management practices, better health care would be delivered since all employees would be aware of what is expected of them and how their behaviors eventually leads to their performance when assessed.

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CHAPTER ONE

INTRODUCTION

1.1   Background of the Study

Many countries around the world have embarked on financial and organizational reforms to their national health systems, but few have managed to adequately address the need to improve staff performance (Martinez and Martineau, 2001). This is particularly true in the public or quasi-public sector of many countries where the health workforce continues to work under vague job specifications and muddled lines of accountability, where individual and organizational performance are seldom measured, and where staff are paid (often low) salaries that do not relate to the quality of their work (Heinrich, 2002). In this scenario, the potential benefits of reforms of any type are greatly reduced.

According to de Bruijn (2007), management techniques from the private sector have penetrated deep into professional public or quasi-public sector organizations such as hospitals, universities, courts and schools. One of these techniques is performance management (PM). PM can be defined as the process of defining goals, selecting strategies to achieve those goals, allocating decision rights, and measuring and rewarding performance (Heinrich, 2002; Ittner and Larcker, 2001). Performance management (PM) practices include specifying which goals to achieve, allocating decision rights, and measuring and evaluating performance (Heinrich, 2002 and Ittner and Larcker, 2001).

A fundamental question is whether PM is applicable in the public or quasi-public sector, and whether it will actually improve public or quasi-public sector

performance (Heinrich, 2002 and Van Thiel and Leeuw, 2002). This is because the characteristics of public or quasi-public sector organizations may also result in unintended managerial side effects of PM-practices (Vakkuri and Meklin, 2006 and Hood and Peters, 2004). These unintended side effects may include additional internal bureaucracy, a lack of innovation, a reduction of system or process responsibility, tunnel vision, sub-optimization and gaming of performance measures, and measure-fixation (Verbeeten, 2008). As a result, the performance of organizations may decrease rather than increase due to the use of PM-practices.

In effect, the idea is that public or quasi- public sector organizations and companies provide products and services and that their performance (output) can be measured. a hospital can be assessed by the number of lives saved; a court by the number of judgements it passes, a police force by the number of fixed penalty notices it issues and scientists by the number of publications in scientific journals. A professional organization that manages to define its products can demonstrate its performance, which may improve its effectiveness, efficiency and legitimacy (de Bruijn, 2007). It has been argued that public or quasi-public sector operational systems have distinct constraints, which characterize their inputs, processes, and outputs (Ward and Mitchell, 2004). These constraints include, among other factors, budgetary constraints, unmotivated employees, rigid operating procedures and the influence of internal and external politics (Ward and Mitchell, 2004).

In fact, the Ghanaian public service has come under intense criticism from within and outside for its epileptic service delivery. They are perceived to be oppressive, nonchalant, unjust, imposing, non-existent, unproductive and inefficient (Ohemeng, 2010; Antwi, 2009; Antwi and Analoui, 2008). In fact, the key systemic constraints

in the public sector identified included institutional weaknesses, under-development, under-utilization and management of human resources, poor performance management and incentives systems, and lack of effective management of information system (Government of Ghana, 1999; World Bank, 1999).

In today's economic climate, public or quasi-public service organizations like that of the VRA Hospital, Akosombo face unprecedented pressure - not only to achieve the goals set by governments and meet the expectations of citizens - but also to deliver increased productivity and efficiency. Performance management within the public sector is seen as a means to ensure the best use of limited resources. Effective performance management, practiced across the entire organization in an integrated, iterative and sustained way can help public service organizations to deliver more with less. In view of this, it is important to have a firm understanding of how performance management practices are used as a tool for development at the VRA Hospital, Akosombo.

1.2   Statement of the Research Problem

Performance management (PM) is a means to an end, and its concept and practice have been constantly changing (Verbeeten, 2008). From its origins, when performance management systems were viewed as almost stand-alone processes, performance management has become an approach to creating a shared vision of the purpose and aims of the organization, helping each individual employee understand and share the workload to achieve those aims. According to Martinez and Martineau (2001), despite its importance, little has been researched or published on the introduction of performance management in health care organizations, and even less so in the context of developing country health systems. This study will add to this

body of knowledge. In fact, Martinez and Martineau (2001) reported that few health care organizations, particularly those in the public sector, use performance management approaches. The authors further reported that the main approach to performance management in the public sector was staff appraisal but on scrutiny, appraisals did not relate to performance but to behavioural issues, and was not undertaken as part of ongoing service planning and service management processes.

Furthermore, Esu and Inyang (2009) reported that in most countries, PM consists of a set of disconnected policies and practices, often not clearly related to performance. In some of these organizations, the rating of staff took priority over efforts to help them work better. As a result, performance enhancement was more of an afterthought or never occurred, and, often, staff appraisal turned against the staff being appraised (Esu and Inyang, 2009). So the issues of concern are why it is that public or quasi-public sector employees are perceived to be rude to customers? Is it because of the lack of awareness that the customer is the essence of their being in business? Is it because of the apparent assurance of job security? Do public or quasi-public sector entities train their employees on how to deliver excellent customer service, also to appreciate the value of their clientele, and how to treat all manner of customers? Are HRM practices effectively deployed in a manner that engenders employees' satisfaction and commitment?

This study is therefore an attempt to bridge the knowledge gap and further the academic discourse on performance management practices of Ghanaian public or quasi-public sector organizations.

1.3   Significance of the Study

To the management of VRA Hospital, Akosombo, this study through the findings and the recommendations thereof would put them in a better position to not only understand the dynamics of performance management practices but also learn how to effectively manage these practices in order to achieve their number one goal, which is providing excellent healthcare services to its customers. Furthermore, it is the author's hope that the results of this study can be used by other public hospitals as well as other Ghanaian institutions and organizations to better their circumstances by implementing the strategies and recommendations that would be made.

Again, the results of this study would hopefully be significant in the sense that it would enable both the management and the labor union to better understand how the various performance appraisal practices could be harnessed to inspire staff to increase and sustain productivity.

In addition, this study will be of immense benefit to policy makers in the Ghanaian civil service since the results and recommendations can inform reforms in the Ghana civil service and also changing the perception that the typical Ghanaian public servant is lazy and not ready to give quality service to its customers. Lastly, given the dearth of empirical studies on performance management practices in Ghanaian healthcare institutions, this study will not only bridge the knowledge gap but also further the academic discourse on the subject matter. In the same vein, this study can serve as a source of reference to both students and academicians in carrying out similar or related studies in the future.

1.4   Conceptual Framework for the Study

According to the organization management theory, different models of organizations generate different models of performance (March and Sutton, 1997), some of them being appropriate to health organizations as well. Although over the years both new KPIs and different models of evaluation for the performance of hospitals have been proposed, they still fail to deal with health system challenges. Performance of a public health service can be achieved through a dynamic tension among *accomplishment of its mission* (fulfillment of objectives), acquisition and control of resources (financial sources, prestige), keeping and development and human resources (welfare of employees and personal development) and integration and pre-visibility of services provided compared with the capacity to satisfy the needs and expectations of service users (patients).

To effectively operationalize the objectives of this study, Ioan et al's., (2012) six dimensions of measuring a hospital's performance were adopted (See Table 2.1). According to the authors, measuring a hospital's performance is intrinsically connected to the following six dimensions:

1. Clinical efficiency through technical quality and practice.

2. Efficiency in using and attracting resources, with an important component related to the financial management of the hospital.

3. Orientation towards continuity together with positive response to the needs and demands of the community.

4. Safety provided through high quality, ensured throughout the entire flow of relations with the suppliers, patients and with the whole community.

5. Orientation focused on patients in order to get them fully satisfied.

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6. Satisfying the human resources needs, creating motivational systems in order to stop migration of specialized human resources.

Table 1.1 Main Dimensions in Measuring Performance

Dimension	Content of Dimension
Clinical efficiency	Technical quality, evidence-based practice and organization, health improvement and outcomes (both individual and related to patients)
Production efficiency	Resources, financial component (financial systems, continuity, additional resources) more high proficiency personnel and provision of state-of-the-art medical equipment and technique
Personnel	Satisfying the human resources needs, creating motivational systems in order to stop migration of specialized human resources (physicians and nurses),providing proper conditions to keep the health of the hospital personnel safe and also to improve it, ensuring fair opportunities for continuous medical education
Social accountability and reactivity	Orientation towards community (response to needs and requirement), access to resources, continuity, health promotion, equity, abilities to adapt to increasing demands of the population
Safety	Patients satisfied by the medical services, suppliers aware of the importance of maintaining a partnership with hospital , a functional organizational structure
Focus on patient	Availability towards patients: focusing on the client (prompt attention, access to social aid, politeness, selection of the services supplier), patient's satisfaction and patient's experience (dignity, confidentiality, autonomy and communication)

Source: Adopted from Ioan et al. (2012)

1.5   Research Questions

To operationalize the above-mentioned objectives, the following research questions were asked:

1. What is the importance and impact of the Vision, mission and objectives on performance management practices of the VRA Hospital, Akosombo?

2. What is the significance of performance management practices at the VRA Hospital, Akosombo?

3. What are the challenges and obstacles of performance management practices at the VRA Hospital, Akosombo?

4. What are the most important factors that motivate employees to bring out the best at work?

1.6   Objectives of the Study

The general objective of this study is to assess the performance management practices of the VRA Hospital, Akosombo. Specifically, this study sought:

1. To describe the performance management practices, guided by the mission, vision and objectives of the VRA Hospital, Akosombo.

2. To assess the significance of performance management practices at the VRA Hospital, Akosombo.

3. To identify the challenges and obstacles to performance management practices at the VRA Hospital, Akosombo.

4. To identify the most important factors that motivate employees to bring out the best at work.

5. To make recommendations for improving performance management practices at the VRA hospital and other health facilities in the country.

1.7   Scope of the Study

This study was limited only to examining how performance management practices are used as tools for development at the VRA Hospital, Akosombo. The VRA Hospital provides medical care for its staff and the public within its catchment area

and beyond. It is the only hospital located in the Asuogyaman District in the Eastern Region of the Country, serving therefore as the district hospital and a referral center. The VRA Hospital, Akosombo was chosen for this research because of easy access to information and key personnel of the hospital.

1.8   Organization of the Report

This study comprised six chapters. Chapter one serves as the introduction to the research and it gives a synopsis of the rationale for the study, its objectives, significance and specifies the problem statement. Chapter two provides a review of the literature pertaining to the subject area under study. The third chapter describes the research methodology. Chapter four examined the results of the study in relation to the stated objectives. It refers to the analysis of the survey and other data collected. Chapter five provides the discussions of the findings. The final chapter is dedicated to the, conclusions, and recommendations of the study.

CHAPTER TWO

LITERATURE REVIEW

This chapter reviews the extant literature on the subject matter. It among other things touched on critical concepts and issues such as defining and explaining performance management practices, discussed the essence of performance management practices, the critical success factors of performance management, the challenges/obstacles of performance management practices and the development of a conceptual framework, which served as the theoretical underpinning of the entire study.

2.1   Key Concepts of the Study

This section defines and explains the key concepts of the study.

2.1.1   Public Sector

The public sector consists of organizations that deliver the goods and services of the government whether at a local or a national level (Fryer et al., 2007). According to Fryer et al. (2007), the size of the public sector varies from country to country, e.g. in communist countries the entire economy belonged to the public sector. Although, the exact nature of the public sector varies throughout the world and over time, in modern, developed countries, the public sector usually includes Education; Public transportation; Electricity and gas; Fire services; Healthcare; Police services; Waste management; Water services; Housing; Social Security; Welfare and Children (Fryer et al., 2007). Dewhurst *et al.,* (1999) defined public organizations as those organizations that were not profit orientated and then further categorized them as

governmental and non-governmental organizations. The boundaries between the public sector and the private sector are blurred and overlap in some areas.

2.1.2   Performance Management

Beer and Ruh (1978) first used the concept of performance management. The concept became popular in the mid-1980s (Akata, 2003). Armstrong and Baron (1998) and Armstrong (2004) describe performance management as a strategic and integrated approach to delivering sustained success to organizations by improving the performance of the people who work in them and by developing the capability of teams and individual contributors. Akata (2003) considers it as a systematic and holistic (all-embracing) process of work planning, monitoring and measurement aimed at continuously improving the teams and individual employee's contribution to achievement of organizational goals.

Oladimeji (1999) defines performance management as a means of getting better results from the organization, teams and individuals by understanding and managing performance within agreed framework of planned goals, objectives and standards. The term performance management is 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 (Mackie, 2008). Performance management integrates the management of organizational performance with the management of individual performance. Performance management is also defined as the process of defining goals, selecting strategies to achieve those goals, allocating decision rights, and measuring and rewarding performance (Heinrich, 2002).

These definitions show that performance management has the following characteristics; strategic (concerned with the broader issues facing the business),

systemic, systematic and holistic. It is integrated in four ways: vertically aligning business teams and individual objectives; functionally integrated; human resource integration and integration of individual needs. Thus, the central idea behind performance measurement is a simple one: a professional organization formulates its envisaged performance and indicates how this performance may be measured by defining performance indicators (de Bruijn, 2007).

Once the organization has performed its tasks, it is shown whether the envisaged performance was achieved and how much it cost (de Bruijn, 2007). The problem here is, of course, that the effects of an organization are often difficult to measure. This is because public performance has to consider multiple values and is achieved in co-production. Furthermore, the period between an intervention and its final, envisaged effect may be lengthy. This makes it impossible in many cases to measure the final effect of a professional (the 'outcome'), not least when abstract goals such as livability, safety, integration or quality are involved. What is measurable is the direct effects of interventions by an organization (the 'output': the license issued, the fixed penalty notice, the article published), while, in some cases – somewhere between direct effects and final effects – intermediate effects may be identified which are also measurable (de Bruijn, 2007).

2.1.3 Defining Organizational Performance Management in a Government Context

Performance management in the public sector is the managerial activity necessary to promote well-performing policy management and service delivery (Mackie, 2008). For instance, a desire for improved performance in public sector organizations has resulted in a results-orientation and a cost consciousness in a range of OECD countries (OECD, 1997). Performance management requires a performance

information system that can be audited and is related to financial management and policy cycles. Organizational performance management in a government context concerns monitoring the success of public policy, programmes or projects in achieving their objectives and in securing the expected benefits. Organizational performance management in a government context is therefore the activities of government or its agencies in planning, implementing, reviewing, evaluating and reporting, the effectiveness of its policies, programmes and projects. Organizational performance management as management controls.

According to Verbeeten (2008), historically, public sector organizations have relied on action controls (rules and procedures) to control organizations; however, the past decade has witnessed various changes in management control of public sector organizations, including a shift towards output controls (e.g. Ter Bogt, 2003). Most Western countries have promoted several initiatives to stimulate the use of performance management (PM) practices in public sector organizations (including central government, local governments and other public sector organizations such as hospitals, education institutions, police forces, etc; see Van Helden, 2005).

PM-practices can serve several political as well as managerial purposes (Propper and Wilson, 2003). First, the definition of clear missions, objectives and targets helps each employee understand what the organization wants and provides focus in operations (Rangan, 2004). Second, by measuring performance with regard to the objectives and targets, politicians and public managers should be able to tell the public for what purposes their money is used ("transparency/accountability purpose") (Rangan, 2004). Third, public sector organizations may use performance measurement to learn and improve performance-learning "learning purpose") (Rangan, 2004). The transparency created by measuring performance may indicate

where the organization excels, and where improvements are necessary. Fourth, performance measurement systems may provide the basis for compensation of public government officials ("appraising purpose") (Rangan, 2004). A careful specification and monitoring of performance, along with a set of incentives and sanctions, can be used to ensure that the public sector managers continue to act in society's interest (Newberry and Pallot, 2004).

2.1.4 Performance in Public Health Services

Hospital performance is defined according to the achievement of specified targets, either clinical or administrative (WHO, 1994). Ultimately, the goal of health care is better health, but there are many intermediate measures of both process and outcome (Shaw, 2003). Targets may relate to traditional hospital functions, such as diagnosis, treatment, care and rehabilitation as well as to teaching and research. However, both the definition and the functions of hospitals are changing, as emphasis shifts from inpatient care to ambulatory care, community outreach programmes and health care networks (Healy and McKee, 2002). Hospital performance may thus be expected to include elements of community care and public health, as well as social and employment functions. These dimensions of hospital performance has been analyzed in the European context (Onyebuchi, 2003).

According to Minvielle et al., (2008), in the last years, performance has become a well-known term in the industry of health services. Performance represents the extent to which set objectives are accomplished (Ioan et al., 2012). The concept of performance in health services represents an instrument for bringing quality, efficiency and efficacy together. Consequently, the concept of performance is a multidimensional one, covering various aspects, such as evidence-based practice

(EBD), continuity and integration in healthcare services, health promotion, orientation towards the needs and expectation of patients.

According to Ioan et al., (2012), generally speaking, the mission of any hospital is to provide specific health services, which can solve the patients' health problems (efficacy) in the best manner (quality) and in the most economical way possible (efficiency). Since performance actually refers to efficacy, efficiency and quality, being aware of the performance of the hospital means nothing but an understanding of the way it fulfills its mission. Being aware of the performance of the hospital becomes even more important if the fact is considered that it must permanently adapt to an external environment that undergoes continuous change, to fulfill its mission even in the newly emerging contexts.

The new situations that the hospital has to deal with may be determined by various causes such as; the development of new health policies or the emergence of new orientations and tendencies (increase in the hospital's social responsibility, increase in the interest for the quality of healthcare services), changes in the demand for hospital services or in the services supply competition and changes in medical technologies. However, success in adapting to new situations can only be assessed by a change-based comparison, namely, performance before the change and performance after the change. This new approach has led to the elaboration of a variety of methods for the assessment of performance in health systems (Leggeat et al., 1998). Many of these methods proved to be unsatisfactory because they used only one variable, one single Key Performance Indicators (KPI) and in many cases, the result was distorted (Minvielle et al., 2008).

2.2 The Essence of Performance Management Practices

According to Mackie (2008), organizational performance management can serve two distinct functions as follows:

i) Intra-organizational Performance Management

To ensure that there are appropriate internal controls to monitor the extent to which the organization (and its sub-units) is achieving what it is supposed to achieve. This requires the organizational management to periodically review and evaluate performance standards attained and performance trajectories, taking corrective action as appropriate where deviations from the desired standards were detected.

ii) Extra-organizational Performance Management

To communicate performance for the purposes of governance and accountability to organizational stakeholders, including Government, funding bodies, audit agencies and the wider public. According to Mackie (2008), there is no requirement for an organization to have an intra-organizational performance management system. However, there is clear evidence that having clarity of purpose and the means to monitor progress towards goal attainment does promote a performance culture in organizations (public and private) which achieves enhanced organizational performance levels. There are requirements, often statutory, for public sector organizations to maintain high standards of corporate governance, accountability and public reporting. This requires systems of extra organizational performance management.

The key purpose of organizational performance management is to introduce systematic controls in the management process to guide and regulate the activities of an organization or any of its parts, by means of management judgment, decision, and action for the purposes of attaining agreed objectives (Mackie, 2008). In an

organization, control consists of verifying whether everything occurs in conformity with the plan adopted; instructions issued; and the principles established. Controls can be either strategic or operational. Strategic controls are concerned with the overall performance of the organization or a significant part of it. Operational controls measure activities within sub-units of an organization and usually cover a shorter period than strategic controls. All such controls check whether the organization's strategic and operational plans are being realized and put into effect corrective measures where deviations from expected performance levels or shortfalls are occurring.

Control can take place before, during or after an event, (the earlier the better), but many controls can only realistically be introduced after organizational activity has taken place as they gauge the effect of organizational actions. Hicks and Gullett (1981) use the following framework to differentiate between different forms of control:

Pre-control

This is essentially pre-emptive, as in planning, as it sets out the future direction, goals, targets, outputs and outcomes and identifies potential difficulties and risks in advance.

Concurrent control

This mode or phase of control is exercised while an event is taking place or as soon as possible after the event. This monitoring could be daily or weekly reports on aspects of public service activity. The closer to 'real time' the better. Concurrent controls are primarily quantitative focusing on inputs, process and outputs.

Post-control

This is the poorest from of control in terms of corrective action as it is exercised after the event. However it focuses on quantitative and qualitative evaluations and therefore is an essential component of a 'holistic' approach to organizational performance management. The public service has been delivered to clients and this review and evaluation activity attempts to assess the extent to which the organization or sub-unit achieved its objectives and the desired outputs and outcomes were attained.

According to de Bruijn (2007), performance measurement performs several critical functions in an organization and these functions include:

1. *Creating transparency*: Performance measurement leads to transparency and can thus play a role in accountability processes. An organization can make clear what products it provides and – by means of an input–output analysis – what costs are involved.

2. *Learning*: An organization takes a step further when it uses performance measurement to learn. Thanks to the transparency created, an organization can learn what it does well and where improvements are possible.

3. *Appraising*: A performance-based appraisal may now be given (by the management of the organization, by third parties) about an organization's performance.

4. *Sanctioning*: Finally, appraisal may be followed by a positive sanction when performance is good or by a negative sanction when performance is insufficient. The sanction may be a financial one, but other types of sanction are possible.

According to de Bruijn (2007), these functions have an ascending degree of compulsion: the impact of transparency will be limited; the impact of a sanction can be very high. Each of these functions can apply to an organization, but also facilitate comparison – a 'benchmark' – between organizations. A survey from literature indicates the following benefits of PMS:

1. Performance management facilitates the implementation of business strategy by indicating what to measure, determining appropriate means of measuring, setting targets and linking the measure with organizational performance (Scheiner et al., 1991).

2. Performance management improves the organizational performance (McDonald and Smith, 1995).

3. Improves processes within the organization (Rummler and Brache, 1995).

4. Improves employee performance (Longenecker and Fink, 1999).

5. Improves team performance (Lawler, 1994)

6. Eases implementation of change in the organizational culture (Wellins and Murphy, 1995).

7. Improves customer satisfaction (Bilgin, 207).

8. A competitive advantage is obtained (Bilgin 2007).

9. Improves quality of supervision (Bilgin, 2007)

2.3   The Methods of Performance Measurement

The methods used for performance measurement and quality improvement have not been rigorously evaluated within or across countries, largely because they are complex interventions that are not easily isolated and measured. The evidence to support these strategies is mostly based on descriptive studies or expert reports and on respected authority.

According to Shaw (2003), there are in principle five different types of measurement of hospital performance, which include inspection, consumer surveys, third party assessment and internal assessment but only the first four will be elaborated on.

2.3.1 Inspection

Most countries have statutory inspectorates to monitor compliance of hospitals with published licensing regulations. Functions that are more specialized include fire, hygiene, radiation, medical devices and medicines, and some countries include infection control and blood transfusions. Inspections standards have legal authority and are transparent, but by the same token are not easily updated. Standards address the minimal legal requirements for a health care organization to operate and care for patients; they do not usually address clinical process or hospital performance. Licensing inspections often apply only to new hospitals, particularly in the private sector; where relicensing is applied, certificates may be issued on payment of a fee with minimal or no inspection. When assessment is managed locally by a governmental entity or its designated agent, there may be little national consistency or aggregation of reports, and when it is highly centralized, results are often not shared with staff or patients. Inspection of hospitals induces conformity, and measures performance in terms of minimal requirements for safety. It does not foster innovation or information for consumers or providers.

2.3.2 Consumer surveys

Standardized surveys of patients and relatives can reliably measure hospital performance against explicit standards at a national level. Hospital performance is becoming more focused on health education, patient empowerment, comfort, complaint mechanisms and continuity of care (Shaw, 2003). Some governments and intergovernmental organizations seek to make patients more aware of their rights –

and to increase their sometimes very low expectations – by publishing patients' charters and by legislating the protection of patients' rights. Thus, consumer surveys assessing the experience of health care and outcomes as perceived by patients and their families carry added weight. Surveys range from local pencil-and-paper surveys outside a clinic to national stratified sample surveys. National surveys are often managed under contract by independent organizations using validated tools to obtain reliable data; published results may identify the performance of individual hospitals.

Advantages of this method are that it identifies what is valued by patients and the general public, and standardized surveys can be tailored to measure specific domains of experience and satisfaction. However, traditional satisfaction surveys have been methodologically weak, and focused on the agenda of clinicians and managers rather than patients. A review of 195 published studies suggested that few patient surveys were both valid and reliable (Sitzia, 1999), and governments may be reluctant to publish adverse results for public hospitals.

2.3.3 Third Party Assessment

A research project funded by the European Union identified systematic approaches linking national or international standards to local practices of private or public hospitals (Shaw, 2000). These approaches have been compared in a number of studies of standards and methods used by industry-based (ISO, Baldrige) and health-care-based (peer review, accreditation) programmes (Klazinga, 2000). The programmes, which are voluntary and independent to varying degrees, use explicit standards to combine internal self-assessment with external review by visits, surveys, assessments or audits. As the previously cited survey of 195 studies (Sitzia, 1999) says: "Considering the amount of time and money spent on organizational

assessment and the significance of the issue to governments, it is surprising that there is no research into the cost-effectiveness of these schemes."

2.3.4   Statistical Indicators

Statistical indicators can suggest issues for performance management, quality improvement and further scrutiny. They provide relative rather than absolute messages and need to be interpreted with caution inversely proportional to the quality of the underlying data and of the definitions used. Indicators are tools for assessing hospital performance either internally or externally. They should be designed to measure the achievement of predetermined objectives, but in practice they are often selected on the basis of whatever data are routinely available. Standardization is essential for measurements within hospitals, and critical for measurements between hospitals.

Performance measurements from individual hospitals may be submitted as calculated indicators or as raw data to be processed, aggregated, analyzed and presented by a central agency. Results are usually disseminated through government publication, website or independent media aimed at consumers, together with guidance on interpretation. Statistical indicators represent an accessible, fairly economical, potentially standard and non-invasive means of performance measurement, but there are many cautions associated with their use: Interpretation of "raw" data on hospital performance, even after adjustment for case-mix and severity, is dependent on many social or economic variables beyond the hospital's control. Moreover, hospitals might modify internal data collection in order to "meet" external targets, or deny interventions to high-risk individuals in order to improve outcomes.

2.4 The Critical Success Factors (Prerequisites) of Introducing Performance Management in Health Care Organizations.

This section discusses a series of pre-requisites without which performance management will not work or will do so ineffectively or just for a limited time. Verbeeten (2008) made a distinction between organizational or internal prerequisites – which relate mainly to the structure, culture and management systems of the organization, and environmental or external prerequisites relating to the policy environment where the organization operates.

2.4.1 Organizational (Internal) Prerequisites

2.4.1.1 Adequate pay levels

According to Verbeeten (2008), pay levels in some organizations covered in his study were so low that they did not enable staff to make a living and forced many staff members to resume to 'moonlighting' to make ends meet. In these circumstances staff will have little incentive to perform better, as increased effort will not result in better work or pay conditions. This situation was found in the Mozambican public health care sector and, to a lesser extent, in the government health services of Ghana, Guatemala, Zambia and South Africa. This therefore means that one of the key prerequisite of performance management is ensuring that pay levels are adequate. As stated by Verbeeten (2008), it was not a coincidence that organizations showing the most effective approaches to performance management in his study were also those where staff were getting a 'fair' salary in terms of what the market offers or what equivalent staff earn in other sectors.

2.4.1.2 Staff have the equipment, tools and skills to do their job

Salaries are mostly taken for granted in many developing countries. For instance and as stated by Verbeeten (2008), case studies from Guatemala recorded that while workers in the private health care organization had the essential means to do their work, the same could not be said for the public sector health services where staff were constantly faced with budget cuts and resource shortages of every kind. Skills, material and 'tools' are closely interrelated as the former can hardly be developed in the absence of the latter. The point is that it is futile to expect staff to diagnose and treat diseases properly or to conduct staff supervision when diagnostic equipment, petrol, vehicles or public transports are not available. This is why well-resourced health care organizations are many steps ahead in the starting line of performance management, when compared to others where resource shortages are a daily feature.

2.4.1.3 Achieving the right balance of incentives for staff to perform well

The need for staff to have the right incentives to do the work is undeniable and the more performance-oriented organizations are the ones where the right combination of incentives have been achieved. This includes both positive incentives to encourage higher performance as well as negative incentives to discourage certain practices or behaviour. The most frequently quoted positive incentives include clear criteria for promotion; job stability and security in employment (not necessarily equivalent to permanent jobs for life); a good working environment with humane staff relations; and the existence of attractive career ladders that accommodate staff aspirations.

Incentives can be defined as extrinsic motivators where pay, bonuses or career perspectives are linked to performance (Bonner *et al.*, 2000). The public sector has

some specific characteristics that make the design of incentive schemes quite complex (Pollitt, 2006). First, public sector organizations generally have multiple stakeholders (principals) with multiple goals. Delivering incentives is complex in these circumstances; each principal will offer a positive coefficient on the element(s) he is interested in, and negative coefficients on the other dimensions (Dixit, 1997). Second, several dimensions of performance are hard to measure. This may result in the fact that only those dimensions of performance that are easy to measure are included in the incentive scheme, which may have undesirable effects on overall performance (Burgess and Ratto, 2003)

2.4.1.4 Local autonomy and decision-making

Performance management requires a close relationship between management and staff, and the ability on the part of managers to act on the results of appraisal (Verbeeten, 2008). This implies a degree of local decision-making powers that is often absent from public sector health systems. Health systems decentralization is therefore an essential prerequisite for performance management, as is the need to avoid unnecessary bureaucracy when dealing with the results of performance appraisal. Managers conducting appraisal must work closely and interact frequently enough with the staff they appraise, and act swiftly on the outcomes of appraisal. The latter requires the ability to allocate resources, particularly (but not only) training resources, according to need.

2.4.1.5 Familiarity with planning methods

Performance management needs objectives and targets to steer individual performance. This will also enable the linking of individual targets to broader service and organizational objectives. Therefore, unless staff and managers are

familiar with the process of setting and monitoring targets they may not be able to undertake performance management effectively. The culture of planning at local level was absent in many healthcare organizations from the developing world covered in our study. This may result in the setting of targets that are unrealistic, or whose achievement is hard to assess or quantify, both problems affecting in turn the effectiveness of performance management.

2.4.1.6 Effective communications

All authors highlight the importance of good organizational communications for PM, to the point that some of them consider PM nothing more than a dimension of internal organizational communications. Many organizations, particularly in the public sector disregard the importance of open and clear communications (Verbeeten, 2008). Means and channels of communication need to be tailored to the prevailing organizational culture and structure. In small, flat organizations, formal and informal communications may not be a problem, but there is still a need to ensure that informal communication channels are matched with more formal and structured ones. In larger organizations with many management tiers. It is the distance between staff and people with decision-making powers that really counts. Communications with legal representatives of staff such as trade unions are essential for the success of PM, as trade union leaders may (wrongly or rightly) consider that PM affects workers' rights. Consultation can turn initial resistance to the introduction of performance management into support.

2.4.1.7 Leadership and effective management systems

An important ingredient to bring about change and improvement in systems is effective leadership. This involves having a vision of what is needed, sharing the

vision with fellow managers and staff, and steering the process of realizing that vision. Evidence that an organization can respond to leadership is another good sign of the readiness to accept new systems such as performance management, as is the degree of sophistication and effectiveness of information, personnel, reporting or communications systems. In many developing country health systems information flows slowly, late and may not be used; personnel records may not provide the information needed, or may not be updated; communications may be formal and bureaucratic, with feedback never occurring; et cetera.

2.4.1.8 A culture of accountability and openness

As important as management systems and leadership is, the prevailing culture in the organization where performance management will be attempted, and the 'societal culture' where organizations operate. In civil service (or former civil service) organizations the main obstacles to performance management may originate in public service attitudes and in the hierarchical nature of power and decision making. It is indeed a paradox that many civil service organizations may end up being so much staff-centered and so little service-oriented that staff easily develop a 'culture of entitlement' and dependency that become the main obstacle for performance management. The public sector health care organizations researched in Ghana, Zambia and Mozambique reflected some of the issues mentioned above: civil service attitudes and use of closed appraisal systems, where staff were not aware of the results of appraisal interviews (Verbeeten, 2008).

2.4.2   External pressures and triggers facilitating performance management

Verbeeten (2008) found in their study that health care organizations do not always have the means to develop greater performance orientation on their own. They need the synergistic support of external, environmental factors, which at times act as triggers facilitating the establishment of performance management. Some of these external factors are as follows:

i) Political pressure and health care reforms

Political pressure may take many forms and can be a trigger for greater emphasis on performance management. In the United Kingdom, the reforms introduced during the Thatcher years to the National Health Service (NHS) forced service managers and senior executives to focus on performance and productivity targets. Verbeeten (2008) reported that in Zambia, the pressure for reforms in the early 90s was initially strong, but soon became diluted as difficulties emerged and the trade unions brought changes in human resource management and the plans to introduce PM to a halt. Although often reported to go together health care reforms are not necessarily an effective trigger for performance management as reforms implementation is often rushed through the system without due consideration of its impact on staff morale and attitudes.

ii) Financial pressures

Budget cuts and the efficiency drive affecting national health systems throughout the world have brought about greater interest in performance management. Such interest, however, has seldom led to the establishment of effective performance management as illustrated in our case studies. For instance, budget cuts have often led to staff cuts that have negatively affected service delivery, particularly when staff cuts are made across the board without due consideration of the need to

maintain adequate complements of staff and skills mixes in key management and service areas. Staff and budget cuts also affect negatively the attitudes and motivation of staff, particularly if pay levels remain low, by creating an antagonistic environment to the establishment of performance management.

iii) Decentralization

Health systems decentralization is an indispensable condition for effective management of staff performance. According to Verbeeten (2008), the most effective performance management approaches take place within decentralized health systems. However, it is whether decentralization has successfully achieved leadership, planning, flexible resource allocation practices and well-functioning management systems at the local level that determines the feasibility of introducing performance management. Because few 'decentralized' health care organizations in the public sector of developing countries have achieved such strengths at the local level is probably why few have been successful in managing performance.

iv) Pressure from service users and quality assurance

Public pressure, enabled by adequate legislation and formal complaints procedures have increased the focus on quality, benchmarking and performance management in the British NHS. Verbeeten (2008) found for instance, that every patient's complaint was replied to personally by the Chief Executive of the Trust. Quality assurance is not – strictly speaking - a performance management 'tool' but a common and possibly essential complement of PM that provides a bridge between the focus on staff and the equally important focus on patients and service users. Many developing countries are beginning to adopt quality assurance approaches whose existence will undoubtedly facilitate the introduction of performance management (ibid).

2.5   The Challenges/Obstacles of Performance Management Practices

Implementing performance management practices in the health care industry is not as smooth or successful as in the manufacturing or service industries. To the health care organizations, there are barriers from the cultural background and the traditional professional/powerful style of leadership among physicians during the implementation of performance management practices. Yang, (2003) conducted a survey for a hospital to identify the major obstacles, which might be incurred while performance management practices and Total Quality management (TQM) is implemented in the health care industry and found the following obstacles:

1. *Organizational structure*. Traditionally, the health care organizations use "functional-hierarchical structure" as the base and this will cause poor communication between sections.

2. *Leadership style*. Most leaders of health care organizations are specialized in their professionalism with authority. The "unchallengeable" leadership cannot allow them to accept the opinions from their subordinates.

3. *Organization culture*. The health care organizational structure and leadership style create a highly hierarchical, bureaucratic and authoritarian culture. It conflicts with the ideal of empowerment.

4. *Professional autonomy*. The physicians, medical technicians, nurses and clinical professionals work independently in their fields. The whole process is also much sectionalized. It is difficult to coordinate mutually with others as a team. Furthermore, different departments might have different points of view on performance management practices.

5. *Lack of consensus*. This is because the physicians might misunderstand that performance management practices are just helpful for the administrative

efficiency and the service quality, but not be applicable for medical treatment. Thus, they do not have strong enthusiasm for the adoption of performance management practices.

6. *Internal requirements domination.* The health care organizations tend to focus on their internal requirements for medical treatment rather than the customers' needs. To them, the medical treatment processes and the requirements from their profession are always given priority over others.

7. *Efficiency-oriented.* The major income for the medical professionals is based on the numbers of surgeries and clinical treatments. The medical professionals are aiming at the quantitative performance instead of the qualitative performance. Such bias tends to affect their understanding about patients' conditions and leads to some improper judgments, resulting in poor quality of medical treatment.

8. *Manpower shortfall.* Insufficient manpower in hospitals means professional specialists are overloaded in their work. Since they are occupied by their routine work, they are much discouraged about participating in the implementation of performance management practices.

CHAPTER THREE

RESEARCH METHODOLOGY

This chapter outlines the methodology used in the research. Specifically, the research purpose and research design was discussed followed by data collection method, population, sampling frame, sampling technique, questionnaire design and profile of the organization.

3.1   Research Design and Methods

The research design employed for this study was the case study approach. This was because this research examines the performance management practices of the VRA Hospital, Akosombo. According to Yin (2003), the case study is an empirical inquiry that investigates a contemporary phenomenon with its real-life context, when the boundaries between phenomenon and context are not evident and in which multiple sources are used. The unique strength of case study is its employment of a variety of evidence-documents, artifacts, interviews and direct observation. This alleviates the problems of reliability and validity.

The research area and questions posed is represented by how and what questions. Under this circumstance therefore, the researcher believes a case study is the most suitable research strategy to adopt for this study.

3.2   Sources of Data

The sources of data were

3.2.1 Secondary Research Data

The secondary data sources for this study include but are not limited to published articles, journals, books and reports related to the subject area as well as internet sources.

3.2.2 Primary Research Data

The essence of any data collection method is the ability to un-ambiguously answer the research questions. The data was collected directly from the key and relevant personnel of the VRA Hospital, Akosombo. Primary source of data was tailored to a particular need. It has the ability to elicit the needed or required data from the respondents to enable effective analysis. In gathering qualitative data, the researcher mainly used key informants to conduct in-depth interviews. For the quantitative data, this research will rely on self-administered structured questionnaires due to the busy schedules of the respondents. The self-administered questionnaires enabled the respondents to complete the questionnaires at their convenience and by so doing getting responses that enabled valid conclusions to be drawn.

3.3 Target Population of the Study

It is required with any survey, that the study population be clearly defined, which is defined by Collis and Hussey (2003) as any precisely defined set of people or collection of items which is under consideration. To this effect, the researcher contacted the relevant officials of the hospital believed to possess the right information necessary for drawing valid conclusions. The target population of the study therefore included the Medical Director, the Hospital administrator, the Hospital Superintendent, the Accountant, the Chief driver, the Head of Nursing

among others. Hence all forty-two officials (42) were recruited but two (2) did not respond.

3.4   Data Collection Instruments

The data collection tool employed by the researcher in gathering the primary data was the survey questionnaire. This study adopted the self-administered questionnaire because of the very busy schedule of the respondents. This enabled them to have the time and peace of mind to carefully answer the questions in order to ensure that right information was captured. Thus, the researcher delivered the questionnaires to the respondents and collected the completed questionnaires later. Once questionnaires were completed; they were then returned to appointed personnel of the hospital and picked up by the researcher later. The data collection process took a month to complete. It must be pointed out however, that before approaching the respondents to complete the questionnaire, the researcher sought the permission and consent of the hospital's administration. The researcher explained the aims and objectives of the study and how beneficial the results of the study could be to the hospital. The researcher further assured the management of the hospital of the willingness on the part of the researcher to keep information gathered very confidential and not for any other purpose other than the intended study.

3.5   Data Collection Quality Assurance and Ethical Considerations

In collecting data for this study, the researcher ensured that the data collected was of high quality and also ethical guidelines were strictly adhered to by obtaining informed consent from participants, protecting the anonymity and confidentiality of participants, avoiding deceptive practices when designing the research and also

providing participants with the right to withdraw from the study at any time. Ethical clearance was obtained from the Ensign College of Public Health Review Board.

3.6   Data Presentation and Analysis

After the completion of data collection, filled up questionnaires were edited properly to make them ready for coding. The data then was analyzed using SPSS (Statistical Package for Social Science). The results of the study are presented in graphs, tables and figures to ensure easy reading and comprehension.

3.7   Limitations of the study

Time for the study was short and resources for the study was limited such that the self-assessment method was used to assess performance management in this study even though there are several recognized methods for assessing performance management.

CHAPTER FOUR

DATA ANALYSIS AND INTERPRETATION OF RESULTS

This chapter focuses on analyzing and interpreting the data collected from the respondents. The findings of the study conducted on the critical assessment of performance management practices in the health sector are presented in this chapter. The data is analyzed and presented using tables. The chapter begins with a description of the demographics of respondents that includes age, sex, level of education and the number of years one has worked with VRA Hospital, Akosombo.

4.1   Biographical Data of the Respondents

4.1.1   Sex of Respondents

This study found as illustrated in Table 4.1 that majority of the respondents were females. Twenty-four (62.5%) of the respondents were females while fifteen (37.5%) of the respondents were males. This finding shows that there are more females in the senior management position at the hospital compared to males. It must however be pointed that this finding did not in any way influence the process or the outcome of the study. This interesting finding appears to be an anomaly because in reality, there are more males in top hierarchy positions in most Ghanaian public sector organizations than females. Perhaps future studies can be conducted to explore why males dominate top hierarchy positions in Ghanaian public sector organizations and why the reverse occurs in the VRA Hospital, Akosombo.

Table 4.1: Gender of Respondents

Gender	Frequency	Percentage (%)
Male	15	37.5
Female	25	62.5
Total	40	100

Source: Field Research Data 2016

4.1.2   Age of Respondents

Thirteen (33%) of the respondents were between the ages of 51 and 60; 14 (36%) were between ages 41 and 50; nine (23%) were between ages 31 and 40; two (4%) were between 18 and 30 while the rest of the respondents two (4%) were between 60 and 80 years (Table 4.2). The ages of the respondents essentially confirm that top management personnel of the hospital were engaged in the study. Engaging the top management of the hospital was important since they had the requisite information on the subject matter of the study and therefore implying that the findings and conclusions drawn fairly represent the views of the employees and management with respect to the hospital's performance appraisal practices, policies and issues.

Table 4.2 Age of respondents

Age	Frequency	Percentage (%)
18-30	2	5.0
31-40	9	22.5
41-50	14	35.0
51-60	13	32.05
60-80	2	5.00
Total	40	100

Source: Field Research Data 2016

4.1.3 Highest Academic & Professional Qualification Obtained

Table 4.3 shows the academic qualifications of the respondents. Fifteen (38%) of the respondents were B.Sc./HND certificate holders; nine (23%) of the respondents were M.Sc./MBA/M.Phil holders; six (15%) of the respondents had 'O' &' A' Level certificates while eight (20%) of the respondents had other qualifications apart from SSCE/WASSE and B.Sc. / HND holders. This finding shows that most of the respondents are highly educated and actually underscores the fact that senior officials of the hospital participated in this study. This finding further suggests that top management positions require people of the right academic and professional qualifications.

Table 4.3: Highest academic and professional qualifications

Highest academic/ professional qualification	Frequency	Percentage(%)
SSCE/WASSE	2	5
BSc./HND holder	15	37.5
'O' &' A' Level	6	15
M.Sc./MBA/M.Phil	9	22.5
PhD	0	0
Others	8	20
Total	40	100

Source: Field Research Data 2016

4.1.4 Position at VRA hospital, Akosombo

Majority (50%) of the respondents were senior staff of VRA while seventeen (43%) of the respondents were junior staff of the organization. Three (8%) of the respondents were management staff of VRA. This finding essentially implies that

all levels of employees at the hospital were recruited for the study and that the findings are fair and a true reflection of what pertains in the hospital with respect to performance appraisal practices.

Table 4.4: Positions of respondents at VRA hospital, Akosombo

Number of years with VRA	Frequency	Percentage (%)
Management staff	3	7.5
Senior staff	20	50
Junior staff	17	42.5
Total	**40**	**100**

Source: Field Research Data 2016

4.1.5   Number of years with VRA hospital

Majority of the respondents have been with the VRA hospital for over 10 years. As shown in Table 4.5, thirty-three (82.5%) of the respondents have been with the VRA hospital for over 10, while six (15%) of the respondents have been with the hospital for5-9 years. Only one (2.5%) respondent has been with the hospital for less than a year. This finding shows that the respondents have been with the hospital long enough to understand its performance appraisal practices and therefore likely to provide very useful and insightful perspectives on the topic for this study.

Table 4.5: Number of years with VRA Hospital, Akosombo

Number of years with VRA	Frequency	Percentage (%)
Less than a year	1	2.5
Between 1-4 years	0	0
Between 5-9 years	6	15

10 years and above	33	82.5
Total	40	100

4.1.6 Respondents in supervisory roles

Majority of the respondents stated that they have between 4 and 10 staff working under them (Table 4.6). Specifically, thirteen (32.5%) of the respondents stated that they did not have any staff working under them while twelve (30%) of the respondents stated that they have between 4-10 employees working under them. Seven (17.5%) of the respondents stated that they have between 1 and 3 staff working under them. This finding implies that most of the respondents were supervisors and have employees working under them who are subject to performance management practices of the institution.

Table 4.6: Number of staff under direct supervision of respondents

Number of staff under direct supervision of respondents	Frequency	Percentage (%)
None	13	32.5
Between 1-3	7	17.5
Between 4-10	12	30
More than 10	8	20
Total	40	100

4.1.7 Number of Years in Managerial Positions

Twelve (30%) of the respondents have been in managerial positions for over 10 years; two (5%) of the respondents have been in managerial positions for between 1-4 years; five (12.5%) of the respondents have been in managerial positions for between 5-9 years while ten (25%) of the respondents have been in managerial positions for less than a year. However, eleven (27.5%) are not supervisors with the hospital. See Table 4.7 for details. The above finding suggest that most of the respondents have adequate knowledge and information about the hospital's performance appraisal practices and for that matter, their opinions and statements on the subject matter are likely to provide a true reflection of the hospital 's performance appraisal system.

Table 4.7: Number of Years in Managerial Positions

Number of years with VRA	Frequency	Percentage (%)
Less than a year	10	25
Between 1-4 years	2	5
Between 5-9 years	5	12.5
10 years and above	12	30
Not applicable	11	27.5
Total	40	100

Source: Field Research Data 2016

4.2 Vision, Mission statement and Objectives of the Hospital

As a first step to assessing performance management practices at the VRA, participants were asked about their knowledge and understanding of the mission and vision of the VRA hospital. It was found that most of the respondents found the

vision, mission statement and objectives of the hospital to be clear, motivating, right, well-aligned to the yearly objectives/targets of the hospital and also being clear about their roles towards the realization of the hospital's targets.

As shown in Table 4.8, about 86% of the respondents either agreed or strongly agreed respectively that the mission of the hospital is clear to them while about 73% agreed and strongly agreed respectively that the mission of the hospital was right. Also, close to 80% agreed and strongly agreed respectively that the yearly objectives /targets of the hospital have been well-aligned to the mission, while about 95% agreed that they are clear about their roles in contributing to achievement of the mission and yearly objectives/targets of the hospital.

Table 4.8: Response on appraisal of vision, mission and objectives

Variable	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Total
The mission of the hospital is clear to me	1 (2.5%)	2 (5%)	3 (7.5%)	21 (52.5%)	13 (32.5%)	40 (100%)
The mission of the hospital are the right one	1 (2.5%)	4 (10%)	6 (15%)	21 (52.5%)	8 (20%)	40 (100%)
The yearly objectives /targets of the hospital have been well-aligned to me	3 (2.5%)	5 (12.5%)	6 (15%)	16 (40%)	10 (25%)	40 (100%)
I am clear about my role in contribution to achieve the mission and yearly objectives/targets of the hospital	0 (0%)	1 (2.5%)	2 (5%)	18 (45%)	19 (47.5%)	40 (100%)
The mission of the hospital motivates me to work hard	2 (5%)	2 (5%)	5 (12.5%)	21 (52.5%)	10 (25%)	40 (100%)

Source: Field Research Data 2016

4.2.1   Clinical Efficiency and Service

It was found that generally the VRA Hospital, Akosombo is highly efficient when it comes to clinical matters and this has culminated in better healthcare delivery to patients and assurance of both staff and patients' safety. As illustrated in Table 4.9 for instance, 77.5% of the respondents agreed that the hospital serves its catchment communities (non VRA) well while 85% agreed and strongly agreed respectively that the hospital serves the staff of VRA very well (Table 4.9). It was moreover found as illustrated in Table 4.9 that the hospital upholds employees' safety; upholds safety of patients and also upholds technical quality in the clinical practice.

Table 4.9:   Response on Clinical Efficiency and Service Safety

Variable	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Total
The hospital serves its catchment communities (non VRA) well	1 (2.5%)	2 (5%)	6 (15%)	16 (40%)	15 (37.5%)	40 (100%)
The hospital serves the staff of VRA very well	2 (5%)	2 (5%)	2 (5%)	19 (47.5%)	15 (37.5%)	40 (100%)
The hospital upholds employee safety	1 (2.5%)	2 (5%)	7 (17.5%)	22 (55%)	8 (20 %)	40 (100%)
The hospital upholds safety	1 (2.5%)	1 (2.5%)	7 (17.5%)	14 (35%)	8 (20 %)	40 (100%)
The hospital upholds patients satisfaction	4 (10%)	4 (10%)	5 (12.5%)	12 (30%)	15 (37.5%)	40 (100%)
The hospital upholds technical quality in the clinical practice	9 (22.5%)	5 (12.5%)	6 (15%)	12 (30%)	8 (20 %)	40 (100%)

Source: Field Research Data 2016

4.3 The Significance of Performance Management Practices

This section presented the findings in relation to the essence of performance management practices at VRA Hospital, Akosombo. Majority of the respondents agreed that the hospital's performance management practices improve patient's satisfaction. For example, 55% of the respondents agreed that the hospital PMS is well aligned to the mission of the hospital with 72.5% agreeing that the hospital's PMS reduce unnecessary bureaucracy and also promotes best use of available resources. Similarly, 45% agreed that the hospital's PMS improves employees' performance with another 40% of the respondents agreeing that the PMS facilitates implementations of change in work culture.

However, only 28% of the respondents agreed that the PMS promotes accountability and openness. Again, about 52.5% of the respondents disagreed, strongly disagreed or were undecided about how PMS enhances effective communication among staff. Again, as high as about 72.5% of the respondents disagreed, strongly disagreed or were undecided that the hospital's PMS makes it attract resources. Additionally, it was found that about 65% of the respondents disagreed, strongly disagreed or were undecided with the statement that the hospital's PMS promotes accountability and openness (Table 4.10).

Table 4.10 Response on significance of performance management practices at the VRA Hospital

Variable	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Total
The hospital's PMS is well –aligned to the mission of the hospital	2 (5%)	4 (10%)	5 (12.5%)	22 (55%)	7 (17.5%)	40 100%
The hospital's PMS improves unnecessary	2 (5%)	12 (30%)	10 (25%)	14 (35%0	2 (5%)	40 100%

bureaucracy and improves processes						
The hospitals PMS promotes the best use of available resource	0 (0%)	12 (30%)	7 (17.5%)	15 (37.5%)	6 (15%)	40 100%
The hospital's PMS improves employee performance	2 (5%)	6 (15%)	5 (12.5%)	18 (45%)	9 (22.5%)	40 100%
The hospital's PMS facilities implementation of change in the work culture	3 (7.5%)	6 (15%)	9 (22.5%)	16 (40%)	6 (15%)	40 100%
The hospital's PMS improves patient satisfaction	0 (0%)	3 (7.5%)	11 (27.5%)	23 (57.5%)	3 (7.5%)	40 100%
The hospital's PMS motivates staff to work harder	1 (2.5%)	5 (12.5%)	9 (22.5%)	21 (52.5%)	4 (10%)	40 100%
The hospital's PMS rewards hard work	2 (5%)	6 (15%)	8 (20%)	19 (47.5%)	5 (12.5%)	40 100%
The hospital's PMS deters inefficiency	2 (5%)	9 (22.5%)	7 (17.5%)	17 (42.5%)	5 (12.5%)	40 100%
The hospital's PMS enhance leadership and interpersonal skills	1 (7.5%)	8 (20%)	5 (12.5%)	23 (57.5%)	3 (7.5%)	40 100%
The hospital's PMS enhance effective communication among staff	3 (7.5%)	10 (25%)	8 (20%)	16 (40%)	3 (7.5%)	40 100%
The hospital's resources makes it attractive	7 (17.5%)	10 (25%)	12 (30%)	10 (25%)	1 (3%)	40 100%
The hospital's PMS promotes accountability and openness	7 (17.5%)	7 (17.5%)	12 (30%)	10 (25%)	4 (10%)	40 100%

Source: Field Research Data 2016

4.4   Challenges of Performance Management Practices at VRA

This section of the chapter discussed the findings in relation to the third objective of the study that had to do with identifying the challenges of performance management practices at the VRA Hospital, Akosombo. The main challenges were found to be, the environment/layout of buildings /departments) not being optimal, equipment and tools being less optimal. Physicians were focusing too much on quantitative (how many patients they see performance) instead of the qualitative performance (the quality and time of their work with their patients), insufficient man-power leading to work overload, bureaucracy which caused delays and getting in the way of effectiveness. Also physicians, medical technicians and clinical professionals were working too independently within an organizational structure that makes the work culture bureaucratic and authoritarian.

For example, regarding the impact of the organizational structure on work culture, as shown in table 4.11, 50% of respondents agreed that the organizational structure makes work bureaucratic and authoritarian while the remaining 50% disagreed. Also, half of the respondents agreed that physicians, medical technicians and clinical professionals work too independently, with a high proportion of respondents (57.6%) stating that physicians focus too much on quantitative (how many patients they see performance) instead of qualitative (the quality and time of their work with their patients) outputs (table 4.11)

Furthermore, 70% of the respondents agreed that insufficient manpower leads to work overload with 70% agreeing that bureaucracy causes delays and obstructs effectiveness of employees' productivity (Table 4.11). It was also found that 67.5% of the respondents consider the hospital's equipment and tools to be less optimal.

Table 4.11: perceptions on the challenges of the PMS

Variables	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Total
We are overly hierarchical and do not listen enough to subordinates	9 (22.5%)	10 (25%)	8 (20%)	9 (22.5%)	4 (10%)	40 (100%)
Our organizational structure makes the work culture bureaucratic, and authoritarian	6 (15%)	10 (25%)	4 (10%)	14 (35%)	6 (15%)	40 (100%)
Our physicians, medical technicians, and clinical professionals are working too independently	4 (10%)	12 (30%)	4 (10%)	12 (30%)	8 (20%)	40 (100%)
We focus too much on internal requirements at the expense of customer needs	3 (7.5%)	20 (50%)	3 (7.5%)	8 (20%)	6 (15%)	40 (100%)
Our physicians focus too much on quantitative (how many patients they see performance) instead of the qualitative performance (the quality and time of their work with their patients).	3 (7.5%)	4 (10%)	10 (25%)	12 (30%)	11 (27.5%)	40 (100%)
Insufficient manpower is leading to work overload	5 (12.5%)	5 (12.5%)	2 (5%)	10 (25%)	18 (45%)	40 (100%)
Bureaucracy is causing delays and getting in the work of effectiveness	3 (7.5%)	4 (10%)	5 (12.5%)	13 (32.5%)	15 (37.5%)	40 (100%)

Salaries are not motivating enough	12 (30%)	16 (40%)	5 (12.5%)	5 (12.5%)	2 (5%)	40 (100%)
Conditions of service are not motivating enough	11 (27.5%)	8 (20%)	10 (25%)	6 (15%)	5 (12.5%)	40 (100%)
Our environment layout of buildings /departments) is less than optimal	3 (7.5%)	6 (15%)	6 (15%)	12 (30%)	13 (32.5%)	40 (100%)
Our equipment and tools are less optimal	3 (7.5%)	2 (5%)	8 (20%)	15 (37.5%)	12 (30%)	40 (100%)

Source: Field Research Data 2016

4.5   Factors That Motivates Employees to perform at their Best

The relative importance index (RII) method was used to determine the relative importance of the factors that motivate employees to give off their best at work. The three-point scale ranged from 1 (most important) to 3 (least important) was adopted and transformed to relative importance indices (RII) for each factor as follows:

RII=∑W ÷ (A*N)

Where, W is the weighting given to each factor by the respondents (ranging from 1 to 3), A, is the highest weight (i.e. 1 in this case), and N (40) is the total number of respondents. The RII value had a range from 0 to 1 (0 not inclusive), higher the value of RII, the more important the factor that motivate employees to give off their best at work.

Table 4.12 shows the three most important factors that motivate employees to give off their best at work as presented in the following order of significance: (1) the performance management system in place (RII=0.717); (2) job satisfaction(happy at what I do) (RII= 0.621); (3) Salary (RII= 0.586); (4) Conditions of service (outside

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of salary) (RII= 0.571); (4) Public image of the workplace (RII= 0.571); (5)
available training opportunities (RII= 0.543) and (6) State of equipment and tools
(RII= 0. 0.500).

Table 4.12: Response on important factors that motivates employees to perform

Factors	No of Respondents			Total	RII	Rank
	1	2	3			
The Performance Management System in place	15	16	9	40	0.717	1st
Salary	14	14	12	40	0.586	3rd
Conditions of service (outside of salary)	13	14	13	40	0.571	4th
Job satisfaction(happy at what I do)	15	17	8	40	0.621	2nd
Available training opportunities	12	12	16	40	0.543	5th
State of equipment and tools	10	10	20	40	0.500	6th
Public image of the workplace	12	16	12	40	0.571	4th

Source: Field Research Data 2016

CHAPTER FIVE

DISCUSSION OF THE FINDINGS

5.1 The outcome of the study guided by the stated objectives and research questions are as follows

5.1.1 Mission and Objectives of the Hospital

The study discovered that most of the respondents found the mission and objectives of the hospital to be clear, motivating, right, well-aligned to the yearly objectives /targets of the hospital and also being clear about their roles towards the realization of the hospital's targets.

These findings imply that the hospital's executive understand the importance of simplifying the hospital's mission and objectives and more importantly, making sure that employees understand, adopt and assimilate the mission and objectives and work towards their realization. The mission and vision statements has were overwhelmingly accepted as an indispensable part of the strategic management process for organizations of all types (Darbi, 2012). It is widely believed that mission and vision statements impact on strategy and most aspects of organizational performance. Mullane (2002) argued and supported it empirically that mission and vision statements are useful for practical day-to-day operations and that it can be used to build a common and shared sense of purpose and serve as a conduit through which employees' focus are shaped.

Again, the fact that 77.5% of the respondents agreed that the mission of the hospital motivates them to work hard implies that the respondents see themselves as being aligned with the mission and objectives of the hospital and therefore highly

motivated to work harder, which in this case means delivering excellent healthcare to patients. These findings confirm Mullane (2002) and Darbi's (2012) observations that mission and vision statements tend to motivate, shape behaviours, cultivate high levels of commitment and ultimately impact positively on employee performance.

5.1.2 Clinical Efficiency and Service

It was found that generally the VRA Hospital, Akosombo is highly efficient when it comes to clinical matters and this has culminated in better healthcare delivery to patients and assurance of both staff and patients' safety. Respondents indicated that the hospital serves its staff and its catchment communities (non VRA) well and that the hospital upholds employees' safety; upholds safety of patients and also upholds technical quality in the clinical practice.

Clinical quality refers to activities of the healthcare process such as surgical skill that translate into health outcomes (Devebakan, 2005). These findings imply that the VRA Hospital, Akosombo is professionally managed and that top officials of the hospital appreciate the importance of clinical efficiency and safety. These findings again imply that the top management of the hospital ensures that all essential medical and laboratory supplies such as consumables, gloves, disinfectants, detergents, diagnostics, tools, equipment, drugs, fuel, vehicles or transportation etc are made available to staff so as to enhance their overall productivity. These findings resonate with Verbeeten's (2008) observation that the productivity of healthcare workers is dependent on the availability of essential medical and laboratory supplies, safety equipment and tools and a conducive working environment.

It must also be pointed out that Brown et al, (1990) defined quality of care as the light of the provider's technical standards and patients' expectations. This means that healthcare facilities must always ensure that their environment meets the

minimum standards and that all processes and workflow are geared towards saving lives as well as ensuring the safety of health workers. In fact, these findings confirm what authors such as Rose *et al.* (2004) and Baker et al. (2008) maintained that healthcare quality is concerned with the physical, psychological and social needs of people seeking care and that there are three dimensions of measuring service quality. They are accessibility, such as geographical locations, waiting time, appointment and delays. The second is amenities that relate to availability of facilities, quality of food and attractiveness of the physical environment. The third service quality variable includes interpersonal relations, support and cultural appropriateness.

From the foregoing therefore, it can be said that the top management of VRA Hospital Akosombo understand the different dimensions of healthcare quality and take steps in implementing and executing a policy of clinical efficiency that inures to the benefit of both patients and employees.

5.1.3 The Significance of Performance Management Practices

With respect to the essence of performance management practices at VRA Hospital, Akosombo, majority of the respondents agreed that the hospital's performance management practices improve patient's satisfaction and that the hospital's PMS is well aligned to the mission of the hospital; reduces unnecessary bureaucracy, improves employees' performance and ensures effective staff supervision. It was also found that the hospital's PMS rewards hard work; reduces inefficiency and also enhances leadership and interpersonal skills.

The above findings generally imply that the PMS of VRA Hospital, Akosombo has been effective in aligning with its mission, curbing undue bureaucracy, promoting effective usage of resources, improving employees' performance, improving patients' satisfaction and also motivating employees to work hard towards the

realization of the hospital's objectives. These findings echoes what Coens and Jenkins (2000) found to the effect that when effectively designed, implemented and administered, performance measurement systems can provide organizations, managers and employees with several benefits. These findings are very important since clinical efficiency is very vital to saving lives and therefore having a performance management system at the VRA Hospital; Akosombo implies top management's focus is on saving lives through quality health care.

According to Fadlalla & Wickramasinghe (2004), in order to achieve high quality of healthcare, healthcare institutions should be safe by avoiding injuries to patients from the care that is intended to help them, it should be effective by providing services based on scientific knowledge to all who could benefit and refrain from providing services to those who will not benefit (i.e. avoiding under use and overuse), it should also be patient-centered by providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions; should be timely by reducing waiting and sometimes harmful delays for both those receiving care and those who give care; should be efficient by avoiding waste and should be equitable by providing care that does not vary in quality based on personal characteristics.

This means that having a performance management system in place ensures that physicians and in fact all hospital workers conform to a standard and that those who perform as per the stipulations of the standards are rewarded while those who go against it are sanctioned. These measures without doubt are very essential since failure to follow laid down procedures and processes can mean the loss of precious lives.

However, the fact that some of the respondents disagreed that PMS enhances effective communication among staff and also disagreed that the hospital's PMS promotes accountability and openness imply that the PMS of VRA Hospital, Akosombo does not engender a two-way communication with staff and does not ensure accountability and openness. These findings are worrying because any organization that fails to open and maintain effective communication and interaction with staff is bound to fail since it demoralizes employees and their impetus to work hard is greatly diminished. Effective communication involves both sending and receiving the message (Zhong and Low, 2009). The importance of communication in the success of an organization is enormous since it is the basis of teamwork. A well prepared and implemented communications plan helps employees understand organizational goals and work tasks, and thus enable efficient execution of tasks (Kerzner, 2009).

Effective communication ensures that there are no misunderstandings or assumptions that could derail the progress of achieving stated goals since an effective communication creates a bridge between top management and the rest of employees.

5.1.4 Challenges of Performance Management Practices at VRA

The main challenges of performance management practices at the VRA Hospital, Akosombo were found to be the environment/layout of buildings /departments) not being optimal; equipment and tools being less optimal; physicians focusing too much on quantitative (how many patients they see performance) instead of the qualitative performance (the quality and time of their work with their patients); insufficient manpower leading to work overload; bureaucracy which causes delays and getting in the work of effectiveness; physicians, medical technicians, and other

professionals working too independently and the organizational structure which makes the work culture bureaucratic and authoritarian.

These findings are very instructive in that the VRA Hospital, Akosombo like other professional institutions is confronted with the challenges of equipment and tools being less optimal; physicians focusing too much on quantitative (how many patients they see performance) instead of the qualitative performance (the quality and time of their work with their patients); insufficient manpower leading to work overload; bureaucracy which causes delays and getting in the way of effectiveness; physicians, medical technicians, and clinical professionals working too independently and the organizational structure making the work culture bureaucratic and authoritarian.

One major challenge has to do with work overload. According to Al Jishi (2009), the causes of short staffing include poor work conditions, inadequate resources for nursing research and education, training of new staff and increased overtime and use of temporary agency staff to fill gaps, and the increasing complexity of health care and care technology. The fact that there are inadequate staff to cover different departments will obviously lead to added workload to the existing few staff. This obviously leads to very high stressful situations for the staff. As opined by Kahn and Byosiere (1992), work overload is related to number of sick days, feelings of anxiety, frustration, depression, decrease in self-confidence, job burnout, attention and concentration problems and work accidents.

Again, the fact that the work structure and especially tools and equipment are inadequate should be of grave concern to the hospital's top management. This finding implies that some equipment of the hospital malfunctions during major

operations and caregivers are always stressed out because they do not know when equipment will malfunction and threaten precious lives. As reported by Dieleman *et al.*, (2003), the decision by doctors and nurses to leave their job for better opportunities relates to poor working environment that include but not limited to the lack of appropriate equipment, poor safety equipment, dirty and unwashed equipment, lack of running water, unreliable electricity and inadequate protection from violent patients and colleagues. When health workers perceive the equipment necessary to perform their duties to be inadequate or non-existing, retention could be difficult to pursue.

This finding on the working environment of VRA Hospital, Akosombo confirms the study of Willis-Shattuck *et al.* (2008) which indicated that health workers complained of working without common equipment such as microscope, which was a source of de-motivation. This finding therefore implies that the staff of the hospital will be highly stressed out, demotivated, and may therefore not be in the right frame of mind to provide excellent health care to patients. This situation is very serious since it can lead to dire outcomes such as death. The findings of this study therefore amply demonstrated the need to ensure a more balanced work load especially in terms of employing more nurses, Doctors and other paramedical staff and also having the state-of-the-art equipment to ensure staff of VRA Hospital, Akosombo become more productive.

5.1.5 Most Important Factors That Motivate Employees to perform

The three most important factors that motivate employees to give off their best at work were found to be i) the performance management system in place; ii) job satisfaction (happy at what I do) and iii) salarylevels.

From the foregoing it can be seen that the three most important factors that motivate employees of the VRA Hospital, Akosombo are the hospital's performance management system in place, employees' job satisfaction and salary. These findings imply that the performance management system is highly important in enabling the organization to achieve its mission and objectives. This means that top management must put in more efforts at making the PMS more open, unbiased and as objective as possible. This finding actually resonates with findings by Bilgin (2007), Longenecker and Fink (1999) to the effect that performance management systems are critical to the survival, growth and profitability of firms since it facilitates the implementation of business strategy by indicating what to measure, determining appropriate means of measuring, setting targets and linking the measure with organizational performance. As pointed out by Bilgin (2007), an organization's performance management systems when effectively executed and implemented leads to improved processes within the organization, improve employee performance. Improves team performance, improves quality of supervision and more importantly, customers' satisfaction.

This study also found that the second most important factor that encourages and spurs employees to be more productive is job satisfaction. Job satisfaction is simply described as the general or overall attitude towards an employee's existing job (Riggio, 2003). This attitude includes the employee's perceptions, feelings, thoughts and beliefs concerning the current job. This means that employees are either satisfied or dissatisfied with their work. Job satisfaction therefore is the emotions of satisfaction or otherwise that employees feel about their jobs (Kim et al. 2005).

This means that job satisfaction can be subjective and it is therefore incumbent on employers to ensure that they create the right working conditions and environment

that engenders employees' satisfaction with their existing jobs. This is because when employees are not satisfied with their work, undesirable consequences such as tardiness, absenteeism, low commitment, nonchalant behaviour and low productivity prevail. According to Hamida and Phadet (2011), job satisfaction is affected by factors such as fair compensation, regular training and development, opportunity for career growth, effective supervision, empowerment, involvement and the quality of the physical working environment. This suggest that employees who are satisfied with their jobs tend to be loyal and committed and that retaining employees and reducing turnover intentions are highly achievable once top management is able to identify, implement and execute the right blend of HR variables such as adequate compensation, training, supervision and opportunity for career advancement.

This study also found that the third mostly important factor motivating employees to give the best at VRA hospital, Akosombo has to do with the salary structure of the hospital. This finding implies that the respondents are motivated by how much they are paid. This finding confirms Willis's (2000) observation that compensation is the most critical issue when it comes to attracting and keeping talents. As a result, some companies may even provide remuneration packages that are well above the market rate to attract and retain critical talents, which often include special pay premiums, stock options or bonuses (Parker and Wright, 2000).

The theoretical basis for money as an effective incentive motivator has been given attention over the years. In the most general sense, money has been shown to attract, motivate, and retain employees as well as to serve as a reinforcer of employee performance, and when withheld, money can act as a punisher (Stajkovic and Luthans, 2003). Theoretically, money serves as an incentive primarily because it can be exchanged for other desirable outcomes such as goods, services, or privileges

(Komaki et al., 1996). Although many forms of financial incentives are available (e.g., vacations, gift certificates), lump sum bonuses are becoming a commonly used pay method to retain and motivate employees (Sturman and Short, 2000). Lump-sum bonuses are cash payments to employees that are not added to employees' base wages and therefore do not cause larger fixed labour costs in the long run (Stajkovic and Luthans, 2003). In addition, lump-sum bonuses are a part of compensation that is not guaranteed and are usually paid in recognition of some level of performance attainment or goal achievement (Milkovich and Newman, 1999).

To make financial incentives more effective, Lawler (2000) has suggested that administrative or application processes be given attention. First, the more closely the financial incentives are tied to performance, the greater the improvement on a variety of outcomes. For example, recent findings indicate that reward contingencies moderate the performance–turnover relationship in that higher performers reported more turnover intentions when rewards were not perceived as contingent on performance (Sturman and Trevor, 2001). This means that high-performer turnover is greater under the condition of low reward contingency because the desire to change jobs should increase as reward inequity increases. Therefore, when a weak pay-for-performance link exists, turnover of the best people may occur because they perceive that their high performance will not be sufficiently rewarded.

This finding implies that the management of the hospital must ensure that it creatively mixes both intrinsic motivation (e.g. rewards, recognition and praise) and extrinsic motivation (e.g. pay, bonuses, allowances etc) to motivate its employees. Businesses use pay, promotion, bonuses or other types of rewards to motivate and encourage high level performances of employees. To use salaries as a motivator effectively, managers must consider salary structures which should include

importance the organization attaches to each job, payment according to performance, personal or special allowances, fringe benefits, pensions and so on.

CHAPTER SIX

CONCLUSIONS AND RECOMMENDATIONS

6.1   Conclusion of the Study

The business world of today is an increasingly competitive environment and therefore is under constant pressure to manage the performance of employees to realize stated goals and engender general employee job satisfaction. Under these circumstances, organizations such as the VRA Hospital, Akosombo could benefit by focusing on the factors that impact positively on effective performance management. Most Ghanaian firms have performance management systems but could benefit more if they revisit their current offerings and include more of the necessary elements that would enhance their performance management efforts.

This study revealed that performance management is a vital ingredient in the overall delivery of quality healthcare to the customers of the VRA Hospital, Akosombo. By implication, this means that if more focus is placed on putting in place effective performance management practices, better health care would be delivered since all employees would be aware of what is expected of them and how their behaviours eventually leads to their performance when assessed. It is therefore incumbent upon progressive organizations such as the VRA Hospital, Akosombo to nurture cultures that engenders fair, positive and effective performance systems in order to ensure the realization of stated objectives.

This therefore concludes that even though the general performance of VRA's performance management system is efficient, there is still more room for improvement especially in the areas of communication, bureaucracy, tools and equipment and workload. It must be borne in mind that because the hospital serves a

wider catchment area; there is pressure on the staff to meet the high influx of patients who are usually on referrals from the smaller hospitals in the District.

6.2   Recommendations

Based on the findings of the study especially with the challenges and critical success factors of effective performance systems, the following recommendations are made:

6.2.1   Emphasizing and Communicating the Vision, Mission and Objectives

It recommended that the management of the hospital should emphasize the current vision and mission statement to employees, which clarifies the purpose and primary, measurable objectives of the organization. Highlighting the benefits of the change and minimizing the deficits will help employees and the public buy into the change. Top management of the hospital should celebrate the little successes toward meeting objectives, which are part of the mission and vision statement. Employees who feel invested in the organization are more likely to stay motivated and have higher levels of productivity.

This study found that the management of the hospital does not effectively involve employees in decision-making and does not encourage a two-way communication channel with employees. Based on this finding, it is recommended that the management of the hospital must involve employees in decision-making and establish appropriate and effective open lines of communication with employees. This is because engaging employees and volunteers will help them to recognize and take ownership of the change. Involving employees also helps to provide more minds to prevent possible problems. It is specifically recommended that the top management of the hospital must engage and communicate with employees through:

- Staff durbars where management can explain issues and seek the views and opinions of employees.

- Using suggestion boxes to solicit for information and feedback on key issues.

- Using technology such as emails, websites.

- Having periodic Newsletters that captures activities of the hospital.

- Regular meetings with staff.

6.2.2 Continuous Training of Supervisors

Senior managers should be trained continuously on performance management modules that reinforces and enhances the critical skills and knowledge required to effectively assess employees' performance. A major aspect of developing an effective performance system is training for those individuals involved as raters. This training should start with a focus on providing managers with a systematic approach to the practice of effective people management. This training must focus on the processes of managing, motivating and evaluating employee performance. Thus training should begin at those levels of management that will be involved in administering the programme and providing training for lower levels of supervision. Once these senior managers have "bought into" the system, skills training are needed for junior managers and supervisors. This specific training should include at least the following:

- supervision skills;

- coaching and counseling;

- conflict resolution;

- setting performance standards;

- Providing employee feedback (Evans, 1991).

6.2.3 Employee Surveys

Again, it can be said that refusing to involve lower level employees in the designing and implementation of policies and programmes can affect employee job satisfaction. It is thus recommended that the management of the hospital should occasionally conduct a survey to identify the needs of staff especially with respect to performance appraisals and then use this vital information to design effective appraisal systems that will be acceptable to all parties. Specific surveys may include

- Job satisfaction surveys;
- Employee commitment surveys;
- Employee satisfaction surveys and
- Employee turnover intentions surveys

6.2.4 Unbiased Promotion

It is further recommended that the management of the VRA hospital, Akosombo should provide unbiased promotion and equal opportunities for all personnel. That promotion should be provided based on the qualification of employees and /or experience and on merit. There must not be any suspicion of nepotism and favoritisms since this can kill the enthusiasm and zeal of hardworking staff. It is again recommended that in developing a rating system, a clear definition of each level of performance must be provided and disseminated to all employees. Employees and all supervisors must clearly believe that a rating higher than average is achievable and attainable. Of course, they should also clearly believe that ratings lower than average is achievable and will be given if appropriate. This again will help the employees to clearly understand that the measurement system is accurately reflecting the true level of performance for every employee.

Specifically, the management of the VRA hospital, Akosombo can apply the following:

- Making appraisal systems more objective instead of being subjective;

- Agreeing with employees on how appraisals are scored and assessed;

- Agreeing with employees on metrics (such as attendance, errors, complaints and performance);

- Avoiding favoritism and partiality

6.2.5   Creating safe working environment

It is again recommended that the VRA hospital, Akosombo should ensure that the working environment and condition at the hospital is improved. In this regard, the VRA hospital, Akosombo should endeavor to provide adequate facilities for employees to do their work such as appropriate equipment, work breaks, and a better layout of processes to facilitate better performance. Some recommendations on how to make the hospital a safe working place include:

- Educating employees on how to dispose of biomedical wastes;

- Making available critical safety equipment such as gloves, protective gears;

- A 24hour security system to protect employees especially those on night schedules;

6.2.6   Reducing the Workload of Staff

The top management of VRA hospital, Akosombo has a moral and legal duty to reduce the effects of work-related stress of its staff. There are a number of resources available to employees and employers to learn about stress management and personal renewal practices that minimize stress, enhance personal resilience, and facilitate work-life balance. Organizational interventions such as confidential counseling or personal coaching should be made available as a way of maintaining

employees' mental, physical and emotional health. Other interventions include periodic monitoring of employees' workload, measurement of employees' engagement, and measurement of work life quality. Additionally, employees of the hospital should take personal responsibility for setting reasonable limits to their work hours and building a full collection of self-care strategies. Learning to say no when appropriate may be a skill set to develop, yet one that may require training in conflict resolution and negotiation.

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APPENDIX A: QUESTIONAIRE

Dear Sir/Madam,

QUESTIONNAIRE: AN ASSESSMENT OF PERFORMANCE MANAGEMENT PRACTICES IN THE HEALTH SECTOR: A CASE STUDY OF THE VRA HOSPITAL, AKOSOMBO

01SECTION A (SOCIO-DEMGRAPHIC BACKGROUND)

1. Sex	☐ 1 Male ☐ 2 Female

2. Age
☐ 1 18-30yrs ☐ 2 31-40yrs
☐ 3 41-50yrs ☐ 4 51-60yrs
☐ 560-8yrs

3. Highest academic and professional qualifications obtained
☐ 1 SSCE/WASSE ☐ 2 B.Sc./HND holder
☐ 3 "O" & "A" Level ☐ 4 M.Sc./MBA/MPhil holder
☐ 5 PhD   ☐ 6 Others (Please specify): _____

4. Position at VRA Hospital, Akosombo
☐ 1 Management Staff ☐ 2 Senior Staff
☐ 3Junior Staff ☐4Others (Please specify): _____

5. Number of years with the VRA Hospital, Akosombo
☐ 1 Less than a year   ☐ 2 Between 1 – 4years
☐ 3 Between 5- 9years   ☐ 4 Ten years and above

6. How many staff work directly under you?
☐ 1 None ☐ 2 Between 1-3 (inclusive)
☐ 3 Between 4-10 (inclusive) ☐ 4 More than 10

7. [*Only managers and above to answer this*] How many years have you been a manager or director at VRA?
☐ 1 Less than a year   ☐ 2 Between 1 – 4years
☐ 3 Between 5- 9years   ☐ 4 Ten years and above
☐5Not applicable

SECTION B (MISSION & OBJECTIVES OF THE HOSPITAL)

8. To what extent do you agree with the following statements about the performance management practices of the VRA Hospital, Akosombo?(PLEASE CIRCLE)
(Where 1 = Strongly Disagree; 2 = Disagree; 3 = Undecided; 4 = Agree; 5 = Strongly Agree).

8.1 The mission of the hospital is clear to me	1	2	3	4	5
8.2 The mission of the hospital are the right one	1	2	3	4	5
8.3 The mission of the hospital motivates me to work hard	1	2	3	4	5
8.4 The yearly objectives/targets of the hospital have been well-explained to me	1	2	3	4	5
8.5 The yearly objectives/targets of the hospital are well-aligned to its mission	1	2	3	4	5
8.6The yearly objectives/targets of the hospital motivates me to work hard	1	2	3	4	5
8.7 I am clear about my role in contributing to achieve the mission and yearly objectives/targets of the hospital	1	2	3	4	5
8.8Please put here suggestions on how the mission and objectives/targets of the hospital can be improved _____ _____ _____ _____ _____ _____ _____					

SECTION C (CLINICAL EFFICIENCY AND SERVICE AND SAFETY)
9. To what extent do you agree with the following statements?(PLEASE CIRCLE)
(Where 1 = Strongly Disagree; 2 = Disagree; 3 = Undecided; 4 = Agree; 5 = Strongly Agree).

9.1The hospital upholds technical quality in clinical practice	1	2	3	4	5
9.2The hospital serves its catchment communities (non-VRA) well	1	2	3	4	5
9.3The hospital serves the staff of VRA well	1	2	3	4	5
9.4The hospital upholds employee safety	1	2	3	4	5
9.5The hospital upholds patient safety	1	2	3	4	5
9.6The hospital upholds patient satisfaction`	1	2	3	4	5
9.7Please put here suggestions on how clinical efficiency and service and safety can be improved _____ _____ _____ _____ _____ _____					

SECTION D (PERFORMANCE MANAGEMENT SYSTEM - PMS)

10. To what extent do you agree with the following statements as being the essence of performance management practices at the VRA Hospital, Akosombo?(PLEASE CIRCLE)
(Where 1 = Strongly Disagree; 2 = Disagree; 3 = Undecided; 4 = Agree; 5 = Strongly Agree).

10.1The hospital's PMS is well-aligned to the mission of the hospital	1 2 3 4 5
10.2The hospital's PMS improves reduces unnecessary bureaucracy and improves processes	1 2 3 4 5
10.3The hospital's PMS promotes best use of available resources	1 2 3 4 5
10.4The hospital's PMS improve employees' performance	1 2 3 4 5
10.5The hospital's PMS facilitates implementation of change in the work culture	1 2 3 4 5
10.6The hospital's PMS improves patients' satisfaction	1 2 3 4 5
10.7The hospital's PMS ensures effective staff supervision	1 2 3 4 5
10.8The hospital's PMS motivates staff to work hard	1 2 3 4 5
10.9The hospital's PMS rewards hard work	1 2 3 4 5
10.11The hospital's PMS deters inefficiency	1 2 3 4 5
10.12The hospital's PMS enhances leadership and interpersonal skills	1 2 3 4 5
10.13The hospital's PMS enhances effective communication among staff	
10.14The hospital's PMS makes it attract resources	1 2 3 4 5
10.15The hospital's PMS promotes accountability and openness	
10.16Please put here suggestions on how the hospital's PMS can be improved upon _____ _____ _____ _____	

SECTION E (ASSESSING PERCEPTIONS AND SENTIMENTS)
11. To what extent do you agree with the following statements as being challenges/obstacles of performance management practices at the VRA Hospital, Akosombo?(PLEASE CIRCLE)
(Where 1 = Strongly Disagree; 2 = Disagree; 3 = Undecided; 4 = Agree; 5 = Strongly Agree).

11.1We are overly hierarchical and do not listen enough to subordinates	1	2	3	4	5
11.2Our organizational structure makes the work culture bureaucratic, and authoritarian	1	2	3	4	5
11.3Ourphysicians, medical technicians, and clinical professionals are working too independently	1	2	3	4	5
11.4We focus too much on internal requirement at the expense of customer needs	1	2	3	4	5
11.5Our physicians focus too much on the quantitative (how many patients they see) performance instead of the qualitative performance (the quality and time of their work with their patients)	1	2	3	4	5
11.6Insufficient manpower is leading to work overload	1	2	3	4	5
11.7 Bureaucracy is causing delays and getting in the way of effective work	1	2	3	4	5
11.8 Salaries are not motivating enough	1	2	3	4	5
11.9 Conditions of service are not motivating enough					
11.10Our working environment (layout of buildings/departments) is less than optimal	1	2	3	4	5
11.11Our equipment and tools are less than optimal	1	2	3	4	5

SECTION F (PERSONAL MOTIVATING FACTORS)

12. Indicate in order of rank the three most important factors that motivate you to give off your best at work. Rank as 1st, 2nd and 3rd where 1st is the most important and 3rd is the least important of the three

12.1 The Performance Management System in place	1st	2nd	3rd
12.2 Salary	1st	2nd	3rd
12.3 Conditions of service (outside of salary)	1st	2nd	3rd
12.4 Job satisfaction (happy at what I do)	1st	2nd	3rd
12.4 Available training opportunities	1st	2nd	3rd
12.5 State of equipment and tools	1st	2nd	3rd
12.6 Public image of the workplace	1st	2nd	3rd
12.7Other: _____ ___	1st	2nd	3rd
12.8Other: _____ ___	1st	2nd	3rd

APPENDIX "B: INFORMED CONSENT FORM
Dear Respondent,

TOPIC: AN ASSESSMENT OF THE PERFORMANCE MANAGEMENT

PRACTICES IN THE HEALTH SECTOR: A CASE STUDY OF VRA HOSPITAL,

AKOSOMBO

I am conducting a research on the above mentioned topic. This research is in partial fulfillment of the requirement for a Master's Degree in Public Health from the above mentioned institution. As an employee of this establishment, your input by way of giving relevant information to the researcher would be deemed an important contribution. Your true and frank opinion would be greatly appreciated. Agreeing to participate in this study will mean using between 15 -20 minutes to answer the questions posed. The research questionnaires will only be given to you after agreeing to willingly participate in the study. There are no rights or wrong answers. Please bear in mind that your responses may be used as part of the study. Please ensure that you fully understand all instructions before completing the questionnaire. You have the right to ask all pertinent questions till all doubts and misgivings are cleared or sorted out. Please you can choose not to take part and quit at any time you decide not to continue with this study and the researcher will understand without penalizing or reprimanding you.

All data will be de-identified and will be kept private. Your identifiable data such as name or date of birth will not be used in documents, reports, or publications related to this research. All survey forms and consent forms shall be well-handled and properly disposed of after data entry and analysis. When typing your survey responses into the computer, all data will be entered without any information that will make it possible for your identity to be known. The information you provide

will be kept strictly confidential and will be available only to persons related to the study

Once again, please bear in mind that this research is purely for academic purposes and your response will be treated with utmost confidentiality. The researcher further reassures you that there will be minimal or no risk to you participating in this study. Even though you may not directly benefit from this study, it is the conviction of the researcher that the findings will go a long way in throwing more light on the topic and by so doing, making suggestions that will facilitate performance appraisals processes in the Ghanaian health care establishments.

This study has been approved by the Institutional Ethics Committee of Ensign College of Public Health. If you have any further concerns or issues, please do not hesitate in contacting the researcher, **Love Grace Ofori** (**Tel.0244595534)**. You can also contact the following for further clarifications on all issues or concerns. The researcher's supervisor, **Dr. Juliana Enos (Tel.0504229909)** or the administrator of the ethics board at the Ensign College of Public health that has approved the conduct of this study, **Mr. Patrick Kumah (Tel. +233 245762229)**.

CONSENT DECLARATION

"I have read the information given above, or the information above has been read to me. I have been given a chance to ask questions concerning this study; questions have been answered to my satisfaction. I now voluntarily agree to participate in this study knowing that I have the right to withdraw at anytime"

Name of Participant

Signature or thumbprint of Participant

Date:

Name of Investigator

Signature of Investigator

Date: