

**UTILIZATION OF PERFORMANCE APPRAISAL RESULTS BY NURSE
MANAGERS FOR STAFF DEVELOPMENT IN PUBLIC HOSPITALS**

BY

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**A RESEARCH PROJECT SUBMITTED IN PART FULFILLMENT FOR THE
AWARD OF MASTER OF SCIENCE IN NURSING DEGREE (MscN.
ADMINISTRATION & DEVELOPMENT) OF THE UNIVERSITY OF NAIROBI**

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Declaration

I, **Githemo Grace Kirigo** declare that this research project is my original work and has not been presented in any other institution for the purpose of obtaining a degree or any other award.

Signed *KG* Date *6/11/06*

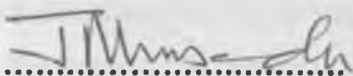
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DEDICATION

This research project is dedicated to my darling husband Samuel Githemo for in his endeavor to bring out the best in me, applied for this master's study; our two boys, Mark Weru and Stephen Wahome for being such an encouragement and joy, my late dad Mr. Wahome and mum Lucy Wambui for the great foundation they laid for my education.

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Abbreviations

ACNO	Assistant Chief Nursing Officer
Bsc.N	Bachelor of Science in Nursing
COR	Code of Regulation
DJCC	Directors Joint Consultative committee
ECSA	East Central and South Africa
ECSACON	East and Central Southern Africa College of Nursing
ENI	Enrolled Nurse One
ENII	Enrolled Nurse Two
ENIII	Enrolled Nurse Three
HIV/AIDS	Human Immune Virus/Acquired Immune Deficiency Syndrome
HRH	Human Resource for Health
HRM	Human Resource Management
MOH	Ministry Of Health
MscN	Masters of Science in Nursing
NOII	Nursing Officer Two
NOIII	Nursing Officer Three
NOI	Nursing Officer One
PA	Performance Appraisal
RN	Registered Nurse
SEN	Senior Enrolled Nurse
SNO	Senior Nursing Officer
UoN	University of Nairobi
WHA	World Health Assembly
WHO	World Health Organization

Operational Definitions

HUMAN RESOURCE FOR HEALTH

These include all the personnel engaged in promoting and protecting the health of populations

Nurse Managers

These are the nurses who occupy or have occupied a managerial position within the hospital and have the responsibility of supervising other nurses and are designated as ACNO, SNO, NOI, NOII, and NOIII.

Key hospital informants

These are the overall hospital in charges (hospital matrons) and the nursing officers in charge of the various units or departments

Junior nursing staff

These are all the nurses at the operational level under the supervision of a nurse manager both registered and enrolled nurses designated as nursing officers I, II, III and Enrolled nurse I, II, III, SEN respectively.

Performance appraisal

Any personnel decision that affects the employee status, regarding their retention, termination, transfer, promotion, training or development

Development

Acquisition of new knowledge and skills by the employee, it is career oriented and concerned more with employees' potential for further deployment, promotion, training and motivation rather than with immediate skill

Motivation

Providing feedback and giving of rewards, verbal or written commendation to staff in recognition of performance

Public hospital

Government owned facility under the Ministry of Health

Abstract

Performance appraisal is a structured formal interaction between a subordinate and a supervisor that usually takes the form of a periodic interview (annual or semi annual) in which the work performance of a subordinate is examined and discussed, with a view to identify strengths and weaknesses as well as opportunities for improvement and skills development.

Objective of this study

The objective of this study was to establish whether nurse managers utilize performance appraisal results for staff development in public hospitals.

Study design and method

This was a descriptive cross sectional study that was carried out in five public hospitals that included Mbagathi, Thika, Kiambu, Mathari and National Spinal Injury hospital for a period of 12 weeks from April to June 2006 at a cost of Ksh.147, 704. Stratified random sampling was utilized to select the study subjects. A total of 301 Junior nursing staff (both enrolled and registered) plus 51 nurse managers participated in this study. Two structured self administered questionnaires and a checklist (appendix BI and BII) were used to collect the data which was summarized using descriptive statistics. Chi square test of significance was used to test the relationship among various study variables and hypothesis testing.

Results

The study findings revealed that 64% of the nurse managers had been trained on performance appraisal process out of which 60.6% were trained during the basic training, and only 23.5% had been trained on use of performance appraisal results. The data showed that there was a significant relationship between promotion and being appraised ($p=0.003$). There was no significant relationship between being appraised and staff deployment, ($p=0.207$) and neither with in-service training attendance ($p=0.207$), Continuing medical education attendance ($p=0.055$), receiving reward for good performance ($p=0.921$) nor receiving verbal or written commendation for work well done ($p=0.294$).

Conclusions

The study findings rejected the null hypothesis that nurse managers utilize performance appraisal results for staff training, deployment and motivation but failed to reject the use of results for staff promotion. Hence performance appraisal results are mostly used for staff promotion and are not generally considered in staff deployment, training or motivation.

Recommendations

- ❖ Nurse Managers should be trained on use of performance appraisal process and use of results for staff development now that the government of Kenya has introduced performance contract and is putting a lot of emphasis on results.
- ❖ A policy should be formulated to ensure that nurse managers are at higher designation than the junior nursing staff for effective use of appraisal results.

1 CHAPTER ONE: INTRODUCTION

1.1 Background information

Human resource constitutes the most valuable resource in all organizations including the health sector. The cost of human resources is the highest in health systems and often consumes 65-80% of the sector's recurrent costs (Directors joint consultative committee Report 2003). They are also the most dynamic of all organizational resources without which other resources in the organization cannot be effectively utilized (Cole 2004). They therefore need to be motivated and retained in the organization.

While opening the Directors Joint Consultative Committee (DJCC) meeting in Arusha in July 2003 Abdalla (Minister of health-Tanzania) lamented that; *the human resource for health crisis in the ECSA region is a huge and growing problem that has not received the attention it truly deserves. She noted that all East, Central and South Africa (ECSA) member states (of which Kenya is one of them) are faced with common issues such as low staff morale, lack of proper supervision and above all , the inability to retain trained and skilled cadres, and outward bound brain drain. (DJCC report 2003).*

Evaluating job performance by determining the strengths and weaknesses of individual employees within the organization and the motivation of these employees is a vital function of Nurse Managers (Sullivan 2001). This evaluation helps the nurse managers to maintain safe and competent care delivery, meet organizational goals, assists nurses to develop professionally and even encourages ideas for future research (Queen 1995)

Nurses form the largest human resource element of the health care systems and hence have a major role in providing high quality care to patients (Nayeri et al 2005). In Kenya they constitute 45% of the total ministry of health labor force (MOH Personnel Data 2005).

Performance appraisal is the most important management tool that a nurse manager has at her disposal to enhance the employee performance (Gregoria, Bullikoff 2003). Also essential to the development of work environment that support the organization's mission, vision and values is a performance assessment process that recognizes and rewards behaviors supportive of the documented organizational characteristics and goals (Ingersol, Witzel and Smith 2005).

The nurse managers should as normal part of the managerial process, continuously assess the merits of his/her subordinate and consider what training they need in order to improve their performance or meet new demands. The manager should take action to initiate transfer if his or her assessment indicates it necessary, and be ready to give written appraisal when it is specifically required like when the employee is due for promotion. This annual review of the employee performance is useful because it gives formal recognition of his/her efforts.

Performance appraisal in Kenya is stipulated in the Civil service code of regulation Section F. All employees (including nurses) are required to complete an annual appraisal report using the Annual Staff Appraisal Report (GP 247, Revised 1999). The report should be submitted to the appropriate authorities by 31st January the following year.

The basic purpose of the civil service staff appraisal system is to assess the staff performance in the job as comprehensively as possible with the help of full knowledge and understanding of the job descriptions and the job requirements. The information in the appraisal reports is used in assessing the training needs and in determining the officers potential for promotion (COR 1992). Nurse Managers are in the best position to make use of appraisal results for development of the junior nursing staff.

The purpose of this study therefore was to determine whether nurse managers in public hospitals utilize appraisal results for staff development.

1.2 Problem Statement

Performance appraisal forms the basis for many administrative decisions in human resource development and motivation. However; there has been a reaction against formal appraisals largely because of their tendency to decay into routine form filling, and managers sometimes copying what they wrote in the previous years (Graham1995).

Also most organizations have been using performance appraisal to generate layoffs and thus facilitate downsizing. This has generated hostile union reactions, deteriorating industrial relations and outright conflicts (Jenkins et all 2002).

Metcalf (2001) also found that the major limitation of performance appraisal and staff development in Australia was lack of understanding of principles of performance appraisal and use of results for staff development activities.

In Vietnam performance appraisal was perceived as not useful since health workers selection for training was unclear and unequal (Dieleman et al 2003)

In Kenya performance appraisal results should form the basis for assessing the training needs and in determining the officers potential for promotion (COR 1992). However though training and promotions have been taking place, studies to show whether they are based on performance appraisal results could not be found.

What has been observed is that in the public service senior posts for nurses are vacant; that is job group N, P, Q meaning that those who are holding those positions are in an acting capacity. In contrast more than 90% (15926 out of 15989 nurses) are in job group M and below. (Ministry of Health records September 2005).

Also majority of the nurses apply for the courses they wish to pursue and then apply for study leave and course approval from the ministerial training committee as was reflected in the more than 90% of the applicants in 2005. (MOH, Division of Nursing records)

This study therefore aimed at establishing whether the performance appraisal results were being utilized for staff development by nurse managers in the public hospitals and make appropriate recommendations.

1.3 Research questions

The study sought to answer the following questions

- ❖ Are nurse managers trained on performance appraisal and use of results for staff development?
- ❖ How do the nurse managers utilize the results of performance appraisal?
- ❖ Do the nurse managers utilize performance appraisal results for staff development?

1.4 Broad Objective

To establish the utilization of performance appraisal results by nurse managers for staff development in the public hospitals.

1.5 Specific Objectives

- ❖ To determine whether nurse managers have been trained on performance appraisal and use of results for staff development.
- ❖ To determine the availability of performance appraisal results for junior nursing staff development.
- ❖ To describe how nurse managers are utilizing the performance appraisal results.
- ❖ To determine whether nurse managers utilize performance appraisal results for staff development issues.
- ❖ To determine whether nurse managers use performance appraisal results to motivate staff.

1.6 Research Hypothesis

Nurse managers utilize performance appraisal results for staff development.

1.7 Justification

Globally, organizations are seeking to retain staffs that achieve set objectives and appraisals are the commonest basis for performance management.

Performance management is being given a lot of emphasis in Kenya. In the public sector, government departments and parastatals are increasingly being required to manage their staffs including nurses in a way that reflects their overall contribution to the results achieved by the organization. These results should therefore be used to develop the staffs.

The introduction of performance contract by the Kenya Government in the year 2003 signifies a movement from control by procedures to control by results. There is therefore need to establish whether the results of the performance appraisal process are utilized by nurse managers for staff development hence the need to undertake this study.

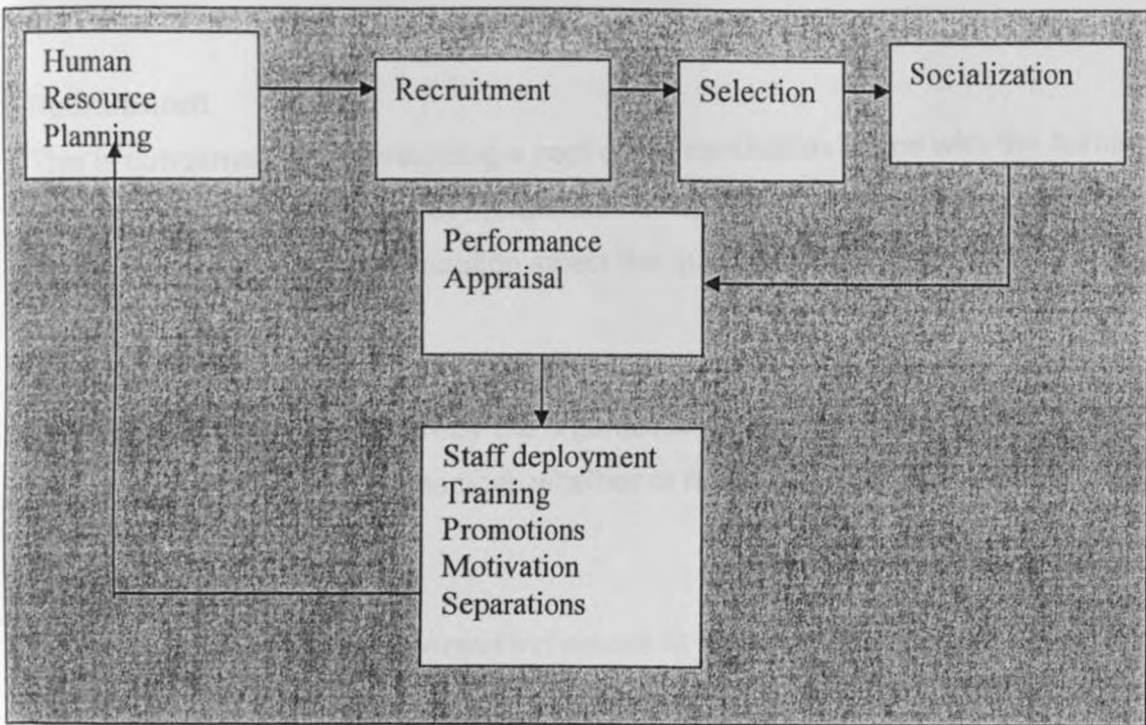
1.8 Significance of the study

The results of this study will be used as a justification for the need to use appraisal results to develop and motivate the nurses especially now that the government of Kenya has introduced performance contract, and is putting a lot of emphasis on performance improvement. The study results will also help nurse managers to determine hiring criteria, design professional development programmes and restructure pay scales and the reward systems for nurses.

1.9 Conceptual Framework

The conceptual framework for this study (Figure 1.1) is based on Storner (1992), Human resource management process.

Figure 1.1 Conceptual frame work of human resource management process



The human resource management process

Human Resource Management (HRM) is the Management Function that helps Managers recruit, select, train and develop organization members.

The HRM process never stops; it is an ongoing process that tries to keep the organization supplied with the right people, in the right positions, at the right time.

The HRM includes **seven** basic activities:

- ❖ Human resource planning
- ❖ Selection
- ❖ Recruitment
- ❖ Socialization
- ❖ Performance appraisal
- ❖ Training and development

Human Resource Planning

This is designed to ensure that personnel needs are constantly and appropriately met taking into account both internal activities and factors in the external environment.

Recruitment

This is concerned with developing a pool of job candidates in line with the human resource plan. The purpose of recruitment is to provide a group of candidates that is large enough to let the organization select the qualified employees it needs.

Selection

It is the mutual process whereby the organization decides whether or not to make a job offer and the candidate decides whether or not to accept it.

Socialization

It is designed to help the selected individuals fit smoothly into the organization. Its purpose is to provide the new employee with the information he or she needs to function comfortably and effectively in the organization.

Training and development

This is aimed at the employees' ability to contribute to organizational effectiveness. It is designed to improve skills in the present job development programs and to prepare employees for promotion.

Performance appraisal

Compares individuals job performance to standards or objectives developed for the individual's position. Low performance may prompt corrective action such as additional training, demotion or separation. While high performance may merit a bonus or promotion. Promotion, transfers, demotions and separation reflect an employee's value to the organization (Stoner 1992). It is therefore the most important tool that the organization can utilize to motivate or develop its staffs.

2 CHAPTER TWO: LITERATURE REVIEW

2.1 Human resource for health

In low and middle income countries health workers especially nurses are essential for the delivery of health interventions and the problem of inadequate performance is particularly urgent. (Rowe et al 2005) .The health sector is also labor intensive and personnel costs usually represent a sizeable part (in excess of 60% for most countries) of recurrent health expenditure in most of the ECSA countries. (DJCC report 2003).

Nurses in particular comprise more than half of the health care labor force in most countries. Therefore strengthening of nursing and midwifery services forms an integral component in the achievement of the millennium development goals. These include combating HIV/AIDS, malaria and other diseases, reduction of child mortality and improvement of maternal health among others (WHA report, 2001).

In the Ministry of Health, nurses constitute approximately 45% of the total labor force (MOH personnel data September 2005).They are therefore essential in the realization of the ministry's vision of providing quality health care which is affordable, accessible and appropriate to all Kenyans.(MOH strategic plan 2005-2010)

Nurses manage and lead nursing services. Many nurse managers also manage general nursing services at provincial, districts as well as other health care settings such as hospitals, health centers and clinics. Nursing leadership also continues to facilitate and identify other areas of need such as home based care and palliative nursing. However in a study conducted in the East, Central and Southern African College of Nursing (ECSACON) member states (Kenya being a member), it was revealed that there is a general weakness in nursing management and there is a priority need for human resource management throughout the ECSACON region,(ECSACON report 2002) of which performance appraisal is a key component.

2.2 Historical background of performance appraisal

The history of Performance appraisal is quite brief. Its root in the 20th century can be traced to Taylor's pioneering time and motion studies. But, as a distinct and formal management procedure used in the evaluation of work performance, performance appraisal dates back from the time of the Second World War not more than 60years ago. Yet in a broader sense the practice of appraisal is a very ancient art (Archer 2004).

The performance appraisal systems began as simple method of income justification. That is, appraisal was used to decide whether or not the salary or wage of an employee was justified. The process was firmly linked to material outcomes. If an employee's performance were found to be less than ideal a reduction in the pay was in order.

Little consideration if any was given to the development possibilities of appraisal process. It was felt that a cut in pay or a raise should provide the only required impetus for an employee to either improve or continue to perform well.

However in the 1950s in the United States, the potential usefulness of appraisal as a tool for motivation and development was gradually recognized (Archer 2004).

Performance appraisal in Kenya's public sector dates back to the pre-colonial period, whereby senior officers were required to complete confidential reports of junior officers purposely to gauge the officer's suitability for advancement. These were done annually. (Code of regulation, 1959, section F4b)

However the revised code of regulation stipulates that the basic purpose of the annual appraisal system is to assess the officer as comprehensively as possible with the help of full knowledge and understanding of job content and the officers performance (COR 1992).

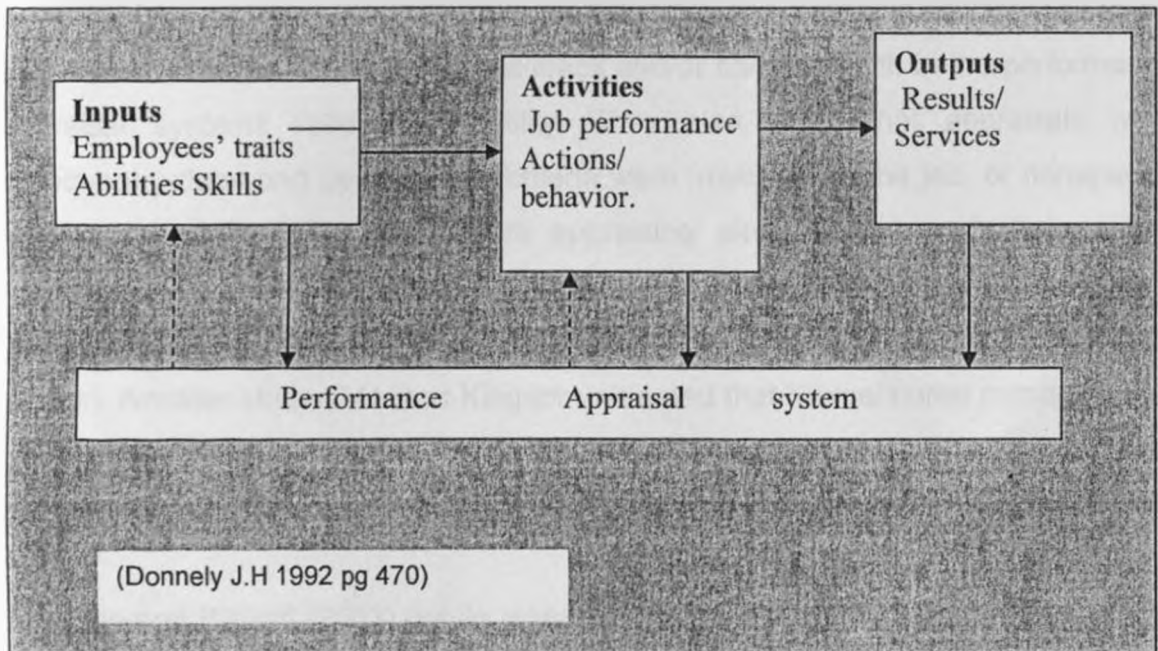
The information recorded in the report is used in assessing the officers training needs. In addition it is also used as guide to the officer's potential for advancement in his/her career (COR, 1992 section F).

2.3 Performance appraisal system

Performance appraisal is the assessment of the employee job performance. It is a structured formal interaction between a subordinate and a supervisor that usually takes the form of periodic interview (annual or semi-annual) in which the work performance of the subordinate is examined and discussed, with a view to identifying weaknesses and strengths as well as opportunities for performance improvement and skills development (Bateman 1990).

A performance appraisal system has a characteristic of all feedback control methods as shown below in figure 2.1.

Figure 2.1 Performance appraisal systems



Key

- > Information
- - - - -> Corrective action

Through the system, managers can obtain information related to employees (inputs), Job performances (activities) and outputs/results (outcomes). Corrective action is directed towards changing employee's knowledge and skills as well as Job performance (Donnelly, 1992).

This evaluation and feedback dimension serves to assure that employees are familiar with the organization's espoused beliefs and that these are actualized in the work settings. It also helps confirm the relevance of the organization's vision and mission within a changing health care environment and identifies where modifications may be needed.

Without feedback tied directly to the principles underlying organization behavior and strategic planning, no assurance can be made that the Institution is remaining responsive to and consistent with the internal and external consumers' expectations and needs. (Ingersol, Witzel and Smith 2005)

In a study *on appraisers/ raters* done by Villanova and Bernadin (2002) they found that raters were poor at providing feedback and/or had little faith in the performance appraisal systems validity and utility. They also found that appraisals were infrequently done and performance criteria were irrelevant to the job, or nonspecific or non-verifiable. The raters were appraising alone, were poorly trained and unaccountable for performance appraisal, while the raters-ratee (manager-subordinate) relations were poor. This provided a distortion in the performance system. Another study in United Kingdom revealed that clinical nurse managers had inadequate skills in human resource management which had effect on staff recruitment and retention (Gould et al 2001).

Gregoria and Billikoff (2003), while researching on labor management in Agriculture, *personnel productivity* in California found that, although employees vary in their desire for improvement, generally workers want to know how well they are performing. He also found that performance improved substantially from 11 to 27% in a number of settings when workers were given specific goals to achieve and received performance feedback immediately.

In another study to examine the effects of Individual Performance Feedback on nurses' Adherence to Pain Management Clinical Guidelines, the results revealed that individual feedback is an effective approach to improving nurses' pain management intervention activities (Pamela et al 2005).

The need for feedback and validation of employee performance cannot be overemphasized. Once an employee has been selected; few management actions can have as positive effect on worker performance as encouraging affirmation (Gregoria 2003). Dieleman et al (2003) also found that the main motivating factor for health workers in Vietnam were appreciation by the managers.

Douglas Mc Gregor in 1960 as reported by Kamally (2002) stated that, though *managers are uncomfortable when put in a position of a judge, the conventional approach to performance appraisal forces them, not only to make such judgments and to see them acted upon, but all the more to communicate them to those we have judged.* Therefore communicating or giving feedback regarding employees' performance is of utmost importance.

2.4 Appraisal as a management tool for Staff Development

Appraising employee's performance, developing skills and appropriately compensating productivity are major activities in the management function. Managers and subordinates alike want to know how they are doing, where they can improve and how much reward they will receive for what they do. (Storner 1992)

Accurate performance appraisal is an effective means of increasing employee productivity. Through regular evaluation of each employee job performance, a manager can achieve multiple goals, among these are: helping a satisfactory worker to further enhance performance, telling an unsatisfactory worker which aspects of his or her performance need improvements, identifying an employee who deserves promotion, locating the best individual for a special assignment, improving communication with a dissatisfied worker and establishing a basis for later job coaching and training. (Gillies 1994)

However, only a minority of activities in personnel management is concerned with evaluating employees as individuals. The focus of attention is not on individuals but on job, structures, procedures or people in groups. Thus, for example job evaluation focuses on jobs not on jobholders. Also job design and organization development focus on job/task structures, wages and salary, administration focuses on procedures, whilst manpower planning and collective bargaining focus on people in groups, hence ignoring the individual worker (Cole 2004).

Performance appraisal is also one of the managers' most important tasks but managers freely admit it gives them difficulty. It is not always easy to judge a subordinates performance accurately and often harder to convey the judgment to the subordinates in a constructive and painless manner,(Graham1995), But, performance appraisal is a priority for all practicing managers (Bolon 2006).

Therefore in the absence of a carefully structured system of appraisal, people will tend to judge the work performance of others including subordinates naturally, informally and arbitrarily. This human inclination to judge can create serious motivational, ethical and legal problems in the workplace. Without structured appraisal system, there is little chance of ensuring that the Judgments made will be lawful fair, defensible and accurate (Archer 2005).

Performance appraisals should be designed so that they can be supported and defended in a court of law. Murphy and Cleveland 1992, (as reported by Sullivan 2001) found that many of the cases addressed by the courts in America regarding employment decisions were ruled out to be illegal, because the organizations appraisal system in some way was unsound. Singer (2000) also found that there was an increase in unjust discharge of suits on behalf of disgruntled employees due to poor documentation of worker performance.

Therefore, regardless of how an organization uses performance appraisal, it is essential that they accurately reflect the employee's actual job performance. If performance ratings are inaccurate an inferior employee may be promoted, another may not receive needed training or there may not be a tie between performance and rewards, thus lessening employee motivation. (Sullivan2001).Dielman, et al (2006) conducted a study in Mali on the match between motivation and performance management. The study showed that the main motivators of health workers were related to responsibility, training and recognition, next to salary. These influenced by performance management (job descriptions, supervisions, continuous education and performance appraisal).They found that Performance management was not optimally implemented in Mali, as job descriptions were not present or were inappropriate; only 13% of interviewees received 4 times per year supervision, and training needs were

not analyzed. Some 48% of the interviewees knew their performance had been appraised in the last two years; the appraisals were perceived as subjective. No other methods were in place to show recognition. The results enabled the research team to propose adaptations or improvements upon existing performance management.

For appraisal to be successful the needs of the staff and requirements of the organization must be bridged (Wilson & Smith Bodder 1999 as reported by Sullivan 2001).

If used effectively performance appraisal systems can keep employees focused on the vision and mission of the organization. Also if performance appraisal tools are grounded in desired behaviors they can be effective in improving performance. Therefore the success of an organization depends in large on the manager's ability to continuously identify the high, middle and low performers. To retain top performers the manager must ensure a challenging work environment paired zero tolerance for substandard performance. Middle performers need positive recognition and the opportunity to stretch for improved performance (Springer et al 1998).

A study in Ghana found that high quality care could not be achieved if workplace obstacles that demotivate staff and negatively influence their performance like delayed promotions and poor in-service training were not addressed (Agyepong et al 2004)

This study therefore is based on the findings of Osbon & Gaebler 1992 quoted below:

What gets measured gets done

If you can't see success you can't reward it

If you can't see success you can't learn from it

If you can't recognize failure you can't correct it

3 CHAPTER THREE: RESEARCH METHODOLOGY

3.1 Study Area

The study was conducted in five public hospitals that included Mathari National Referral and Teaching hospital, National Spinal Injury hospital (NSIH), Mbagathi, Kiambu and Thika district hospitals.

Mathari National Referral and Teaching Hospital,

This is the national referral hospital for all psychiatric patients in the country, located in the North Eastern part of Nairobi province about 4km from the city centre. It is also a teaching hospital for mental health and psychiatry for nurses and doctors. The hospital receives staffs directly from the MoH headquarters. It also has all the cadres of staff.

National Spinal Injury hospital

This is the National referral hospital with a capacity of 28 beds, for patients with spinal injuries mainly for management and rehabilitation. It is located in the South Western side of Nairobi province 3km from the city centre. The hospital also receives nursing staff from the MoH headquarters.

Mbagathi, Thika and Kiambu districts hospitals

A district forms the basic unit for primary health care. It has a referral system that starts with the clinics, dispensaries, health centers, sub-district hospital and then the district hospitals, which in turn refer patients to provincial and then to national referral hospitals.

The three district hospitals refer patients to Kenyatta National Hospital directly due to their geographical proximity. They also have similar cadre of staff as they also receive them from the MoH headquarters and their respective provinces that is Nairobi for Mbagathi and Central Province for Kiambu and Thika.

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3.2 Study Design

This was a descriptive cross sectional study since it aimed at describing the situation as it was without any manipulation to the study subjects and did not intend to detect a cause-effect relationship among the study variables. It also aimed at providing a "snapshot" of the frequency and characteristics of the nursing population at the time the study was conducted. In this case, describing how performance appraisal results were being utilized by Nurse Managers for staff development in public hospitals.

3.3 Study Population

The study population included all the nurse managers in the study areas and the junior nursing staff (both registered and enrolled), who were working under them as tabulated in table 1 below,

Table 3.1 Distribution of the study population

Hospital	Junior nursing staff		Nurse managers	Total
	Enrolled Nurses	Registered Nurses		
Mathari	173	65	24	262
Mbagathi	102	73	12	187
Thika	173	52	13	238
NSIH	47	26	6	79
Kiambu	156	50	10	216
Total	651	266	65	982

(Ministry of Health quarterly staff returns of September 2005).

3.4 Inclusion/exclusion criteria

(a) Inclusion Criteria

Those included in the study were;

- The nurse managers who had been supervising the junior nurses for at least 1 year, which is the period required for one to complete the appraisal report.
- The junior nursing staff who had worked under a supervisor for at least one year.
- Employees of the Ministry of Health who had been practicing in the study area for not less than one year.

(b) Exclusion Criteria

- Those who were newly employed and had not completed one year in the study area.
- Those who did not consent to participate
- Those who were not on duty during the time of study

3.5 Sample size determination

The following formula by Fisher et al (as recorded by Mugendi and Mugendi 2003) was used to determine the sample size

$$nf = \frac{n}{1 + \frac{n}{N}}$$

nf is the desired sample size (when the population is less than 10,000)

N is the estimate population size

n which is the desired sample size was calculated using the following formula.

$$n = \frac{Z^2 pq}{d^2}$$

Z is the standard normal deviate at required confidence level, set at 1.96 which corresponds to 95% confidence interval

P is the proportion in the target population estimated to have characteristics being measured.

q = 1 - P which is the proportion in the target population estimated not to have characteristics being measured. (**q** = 1 - **p**)

d is the level of precision set at ± 0.05 .

Since there was no estimate available of the proportion in the target population who had the study characteristics 50% was used as recommended by Fisher et al (Mugendi and Mugendi 2003)

The study population comprised of 266 registered nurses working in various areas, 651 enrolled nurses and all the 65 nurse managers (table 1). The 266 RN and 651 EN were subjected to the above formula to obtain the sample size.

$$n = \frac{Z^2 p(1-p)}{d^2} = 1.96^2 \times 0.5(1-0.5) / 0.05^2 = 384.16 \text{ Therefore } n = 384.16$$

(a) Sample size for the registered nurses will be

$$nf = \frac{n}{1 + \frac{n}{N}} \text{ This implies } nf = \frac{384.16}{1 + \frac{384.16}{266}} = 157 \text{ nurses}$$

(b) Sample size for the enrolled nurses will be

$$nf = \frac{384.16}{1 + \frac{384.16}{651}} = 241 \text{ nurses}$$

To get equal representation of the sample population in each hospital the sample size was calculated using the ratios of each population in the study area with the total sample as the multiplication factor as shown below.

Sample size for the junior nursing staff in each hospital

a) Registered nurses (RNS)

Mathari; Mbagathi; Thika; Kiambu; NSIH=65; 73; 52; 50; 26. **Total=266 RNS**

Required sample is 157 registered nurses

Total population is 266 registered nurses

Therefore the sample size for each hospital was calculated as follows.

- Mathari= $65/266 \times 157 = 38$ Nurses
- Mbagathi= $73/266 \times 157 = 43$ Nurses
- Thika= $52/266 \times 157 = 31$ Nurses
- NSIH= $26/266 \times 157 = 15$ Nurses
- Kiambu= $50/266 \times 157 = 30$ Nurses.

Total=157 Registered nurses

b) Enrolled Nurses (ENs)

Mathari; Mbagathi; Thika; Kiambu: NSIH=173:102:173:156:47. **Total = 651 ENs**

Required sample size is 241 enrolled nurses

Total population is 651 enrolled nurses.

Therefore the sample size for each hospital will be calculated as follows,

- Mathari= $173/651 \times 241 = 64$ Nurses.
- Mbagathi= $102/651 \times 241 = 38$ Nurses.
- Thika= $173/651 \times 241 = 64$ Nurses.
- Kiambu= $156/651 \times 241 = 58$ Nurses
- NSIH= $47/651 \times 241 = 17$ Nurse

Total=241 Enrolled nurses

The summary distribution of the study sample was as shown on table 3.2 below

Table 3.2 Summary distribution of the study sample

Hospital	Junior nursing staff to be recruited		Nurse managers	Total study sample
	RNs	ENs		
Mathari	38	64	24	126
Mbagathi	43	38	12	93
Thika	31	64	13	108
NSIH	15	17	6	38
Kiambu	30	58	10	98
Total	157	241	65	463

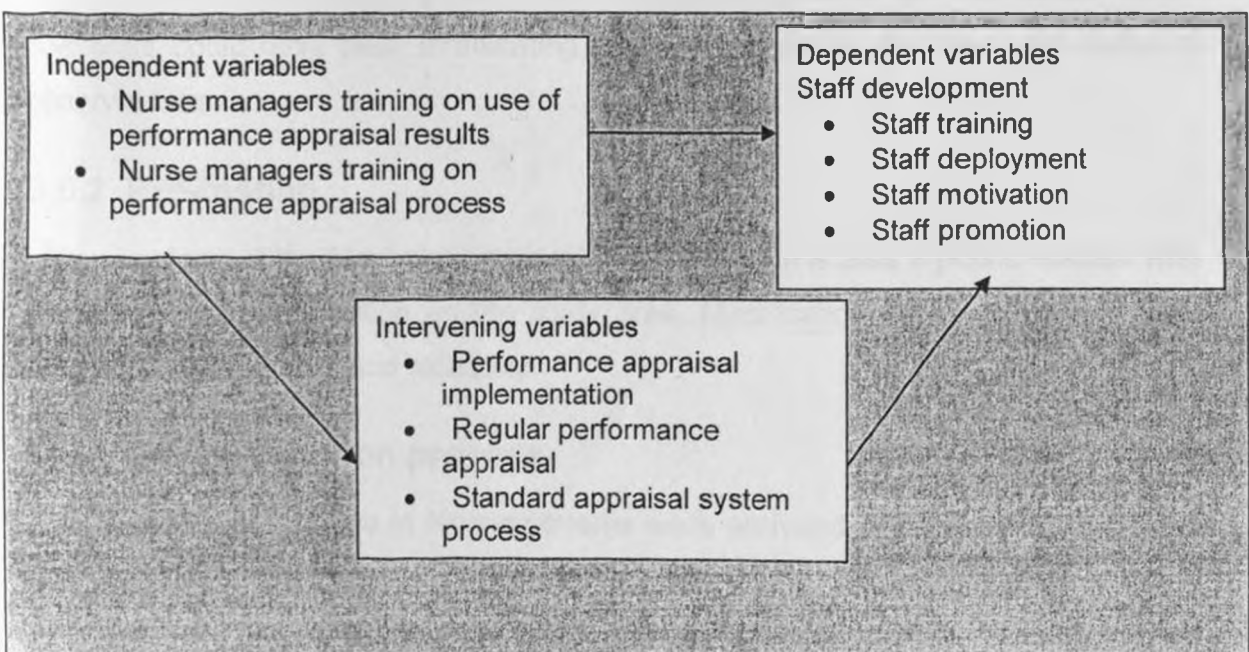
3.6 Sampling method

Since the study was carried out in five hospitals stratified random sampling was used to select the study subjects. This was to ensure equal representation of the study sample from each hospital in proportion to the total number in various strata/hospital for each cadre (see table 2 above). The nurse managers and the junior nursing staff who were on duty during the study period and consented to participate, were issued with the questionnaire to respond to.

3.7 Study variables

The dependent, independent and intervening variables for this study were viewed as illustrated in figure 3.1 below

Figure 3.1 Study variables interaction



Nurse managers' training on the performance appraisal process and use of results were seen as the independent variables that influence staff development; training, deployment, promotion and motivation. Through implementation of regular and standardized performance appraisal systems (the intervening variables) it is viewed that the dependent variables will greatly be enhanced.

3.8 Data collection

3.8.1 Study tools.

Two structured self-administered questionnaires consisting of both open and close ended questions (appendix B1 and B2) were used to collect the data from the junior nursing staff and the nurse managers respectively. Questionnaires were used because they are familiar tools to nurses who are also able to read and write. This reduced apprehension. Questionnaires were also cost effective because of the larger sample size and the study covered a large geographical area. Since they were also anonymous the respondents were freer to express their views without fear of victimization. Nevertheless not all responded as only 75% response rate was achieved and the open-ended questions generated a lot of data that took long to process and analyze. A Checklist (appendix C1) was also administered to the key informants by the research assistants. The checklist gave more in-depth information since it ensured that no items were omitted by reliance on memory and also supplemented information given from the questionnaires. On the other hand, checklists could have been intimidating to the respondents and were also prone to observer bias.

3.8.2 Pre-testing

This was done at the Machakos general hospital, which is also a public hospital with the same staff composition as the study area. Modification of the study tools was done to ensure validity and reliability.

3.8.3 Data Collection process

Two Bachelor of Science in Nursing interns were recruited and trained for two days on data collection process and the nature of the study. The interns were selected because they had research skills and hence were easier to train. The study tools

were discussed to ensure that they understood the questionnaire and how to administer the checklist. They traveled to the study area, administered the questionnaire to the study subjects and completed the checklist. The principal investigator supervised the data collection process for validity and accuracy of the information obtained.

3.9 Data Analysis

The raw data was cleaned by checking for any incomplete or incorrectly administered questionnaire to ensure that only the required and correct data was analyzed. Analysis was performed by use of computer software statistical package for social scientists (SPSS). Descriptive statistics were used to summarize the data in order to give meaning to the information and for easy presentation and interpretation. Data was presented in frequency tables, pie charts, histograms and bar graphs. Chi square test of significance was used to relate the various variables and in hypothesis testing. (Level of significance was set at 0.05).

3.10 Study limitations.

This study was carried out in study areas, which had all cadres of staff, which may not be the case in other district hospitals. The study was also being carried out in only five public hospitals hence the need to replicate the same in other public hospitals to get a more generalized picture.

3.11 Ethical Consideration

Authority to carry out the study was obtained from the Ministry of Health, Ministry of Education Science and Technology and Kenyatta National Hospital /University of Nairobi ethics and research committee while Individual consent was obtained from the study subjects (appendix III). Confidentiality of the information obtained was maintained since the names of the study subjects were not required.

4. CHAPTER FOUR: STUDY FINDINGS

3.12 Introduction

This chapter reports on the data gathered from respondents both the nurse managers and the junior nursing staff who participated in the study. The results are organized in the following categories.

- ❖ Nurse managers
- ❖ Junior nursing staff
- ❖ The check list

A total of 51 nurse managers and 301 Junior nursing staff participated in the study and a response rate of 78.46% and 72% respectively was achieved. The distribution per hospital is as shown in table 4.1 below.

Table 4.1 Total respondents

	Junior nursing staff		Nurse managers	
	Frequency	percent	Frequency	Percent
Mathari	98	32.6	20	39.2
Thika	71	23.6	16	31.4
Mbagathi	59	19.6	5	9.8
Kiambu	51	16.9	4	7.8
NSIH	22	7.3	6	11.8
Total	301	100.0	51	100.0

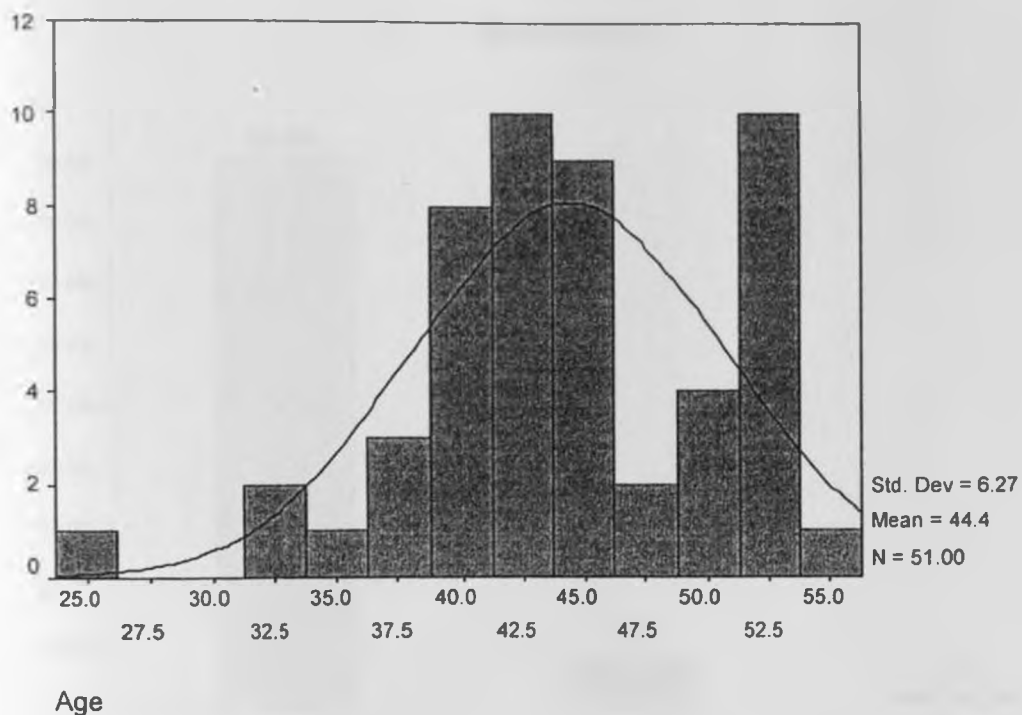
3.13 Results for Nurse Managers

3.13.1 Demographic information

3.13.1.1 Age

The average age of the nurse managers was 44.4 years (95% CI=42.65, 46.18). The age distribution is as shown in figure 4.1.

Figure 4.1 age of the nurse managers



3.13.1.2 Sex

The data showed that 82.4% of the nurse managers were female while 17.6% were male. (Table 4.2)

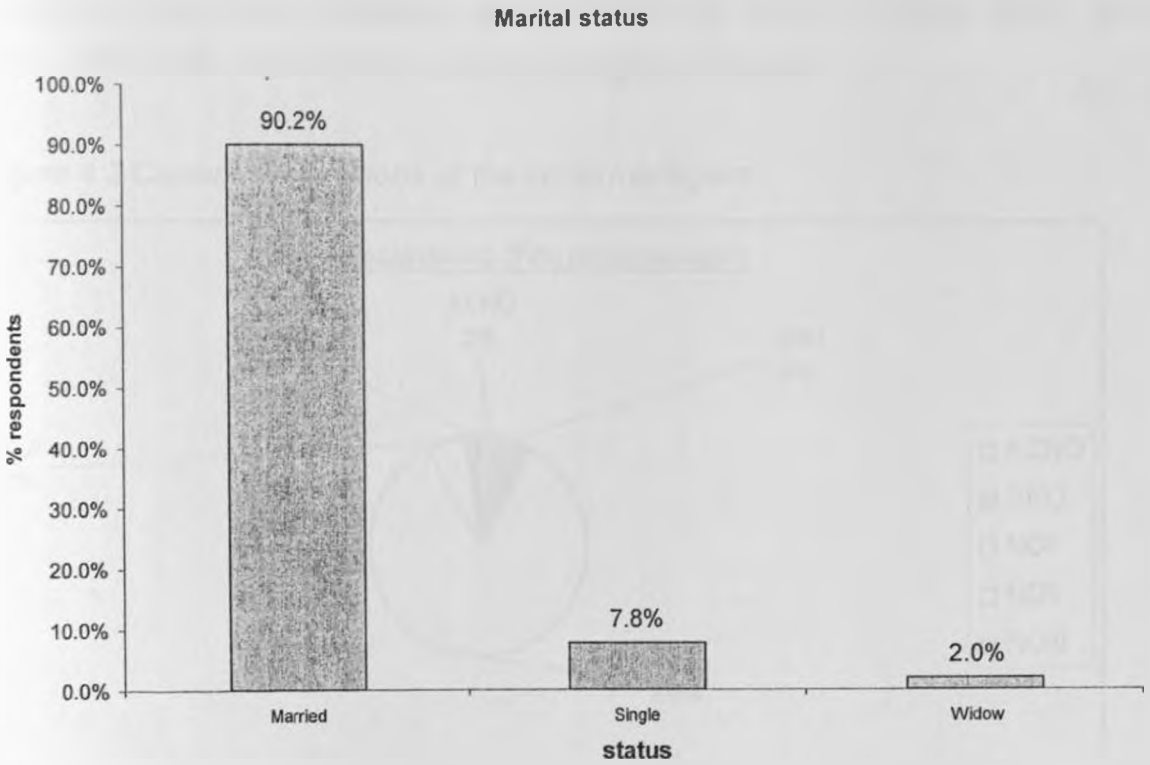
Table 4.2 sex of the nurse managers

	Frequency	Percent
Female	42	82.4
Male	9	17.6
Total	51	100.0

3.13.1.3 Marital status

The data showed that 90.2% of the nurses managers were married, 7.8% were singles while 2% were widowed. (figure 4.2)

Figure 4.2 Nurse Managers' marital status



3.13.1.4 Current Appointment

The data showed that majority of the respondents were ward in-charges 58.8%, while the rest were in charge of the departments 29.4%, hospital in-charges 7.8% and deputy hospital in charge 3.9%. (Table 4.3)

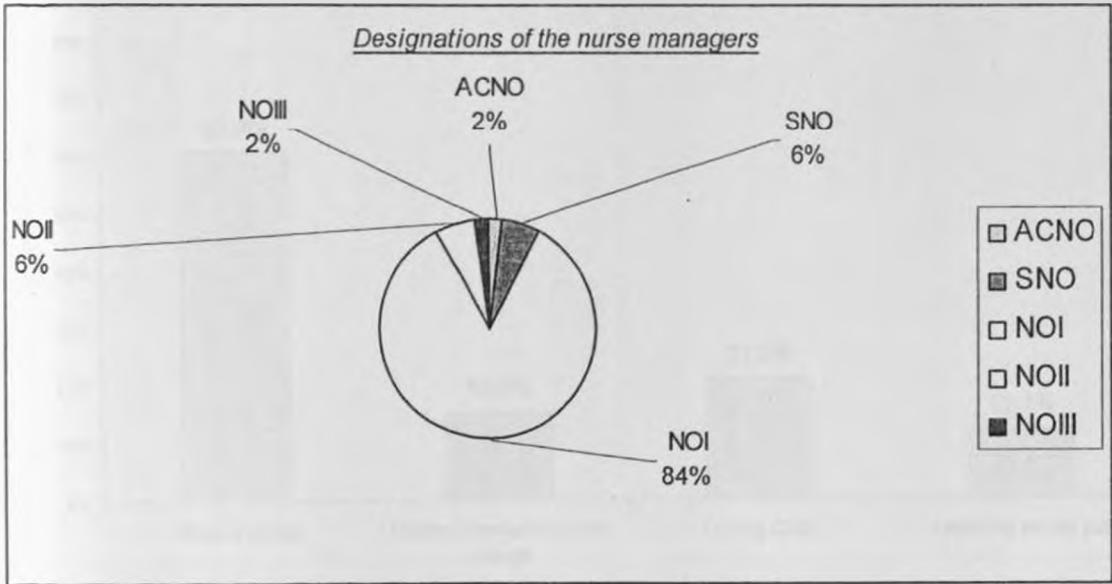
Table 4.3 deployment of the nurse managers

Appointment	Frequency	Percent
Hospital in charge	4	7.8
In charge of Dept. or Unit	15	29.4
Ward in charge	30	58.8
Deputy hospital in charge	2	3.9
Total	51	100.0

3.13.1.5 Current designations of the nurse managers

Majority of the nurse managers were NOI (84.3%) while 2% were ACNO, 5.9% SNO, 5.9% NOII and 2% NOIII as shown in figure 4.3 below

Figure 4.3 Current designations of the nurse managers



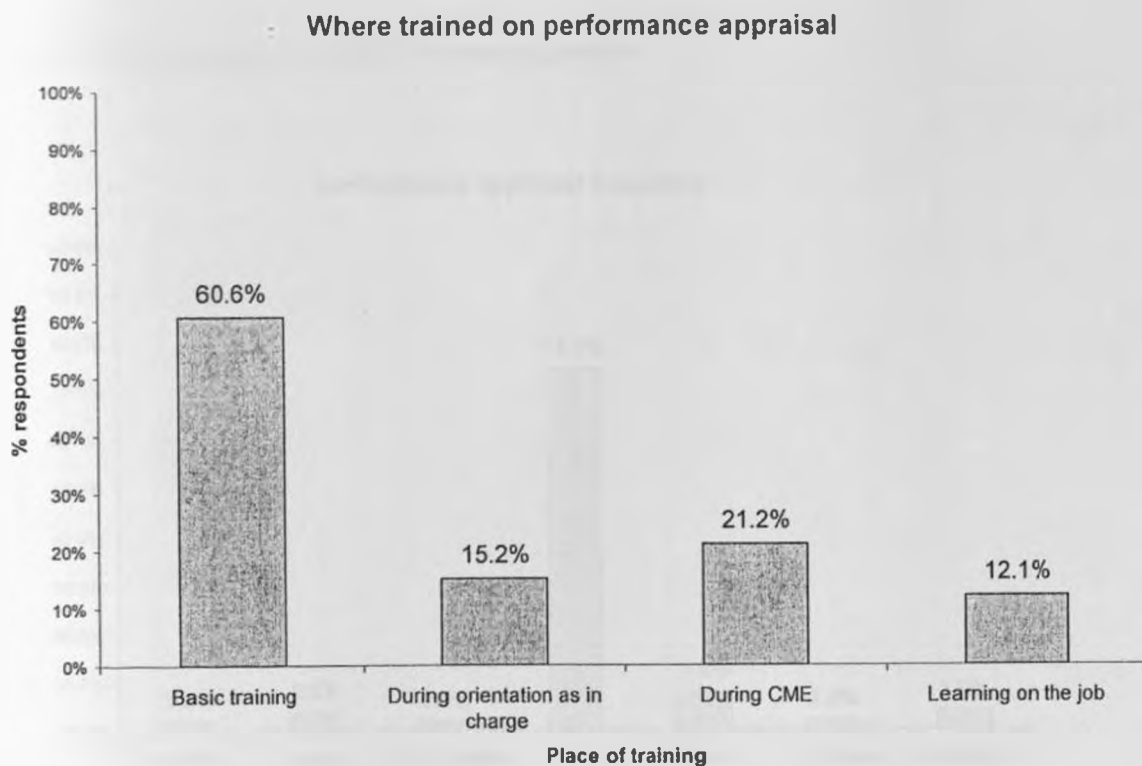
3.13.2 Performance appraisal Training

Respondents were asked to state whether they had been trained on performance appraisal. Sixty four percent stated yes while 35.3% stated No (Table 4.4). Among those who stated yes, 60.6% received the training in their basic course, 16.2% during orientation as in-charge, 21.2% during CME, while 12.1% learned on the job (figure 4.4).

Table 4.4 Performance appraisal Training

	Frequency	Percent
Yes	33	64.7
No	18	35.3
Total	51	100.0

Figure 4.4 Where nurse managers were trained on performance appraisal



3.13.3 Training on use of Performance appraisal results

The nurse managers were also asked whether they had been trained on the use of appraisal results. The response showed that 76.5 % had not been trained while only 23.5% had been trained (Table 4.5).

Table 4.5 Nurse Managers training on use of Performance appraisal results.

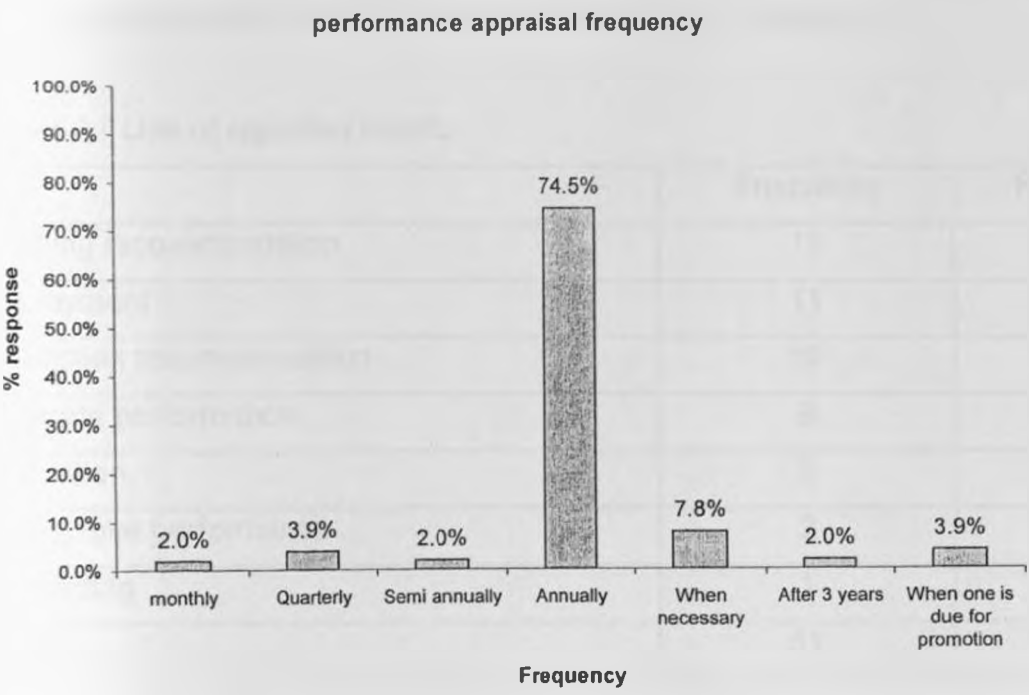
	Frequency	Percent
Yes	12	23.5
No	39	76.5
Total	51	100.0

3.13.4 Frequency of the performance appraisal

When nurse managers were asked how often they conducted performance appraisal, (74.5%) responded that they conducted staff appraisal annually, 7.8% when necessary, while the rest conducted appraisal when the staffs were due for

promotion (3.9%), after 3 years (2%), quarterly (3.9%), monthly (2%) and semi annually (2%) as shown in Figure 4.5 below

Figure 4.5 Frequency of performance appraisal



3.13.5 How the nurse manages provided feedback.

Nurse managers were asked to state how they provided feedback to staff concerning their performance. The results showed that 62.7% of the nurse managers discussed with the individual nurses concerning their performance while 37.2% gave feedback by holding staff meetings (Table 4.6)

Table 4.6 How feedback was given

	Frequency	Percent
Holding staff meetings	19	37.3
Discussing with individual nurse	32	62.7
Total	51	100.0

3.13.6 Use of performance appraisal results

Nurse managers were asked to state how they used the results of performance appraisal. 25.5% stated that they used the report to recommend staff for training, 21.6% for staff deployment, 19.6% to recommend staff for promotion, 17.6% to evaluate performance while the rest used the results for staff motivation (9.8%), to improve performance (3.9%) and to reward staff (2%). (Table 4.7)

Table.4.7 Use of appraisal results

	Frequency	Percent
Training recommendation	13	25.5
Deployment	11	21.6
Promotion recommendation	10	19.6
Evaluate performance	9	17.6
Motivation	5	9.8
To improve performance	2	3.9
Rewarding	1	2.0
Total	51	100.0

3.13.7 How nurse managers rewarded good performance

The data showed that 43.1% of the nurse managers rewarded staff for good performance through verbal commendation, 17.6% selected them to attend CME, 15.7% used them to recommend staff for further training, 9.8% gave a word of praise, 7.8% recommended the staff for promotion, 3.9% rewarded staffs by giving them extra day offs while 2% helped them when they were in need. (Figure 4.6)

Figure 4.6 How nurse managers rewarded staff for good performance



3.14 Results for Junior Nursing Staff

A total of 113 registered nurses and 188 enrolled nurses responded to the questionnaires, a response rate of 71.3% and 78.4% respectively as shown in table 4.8 below.

Table 4.8 Total respondents (junior nursing staff) per hospital

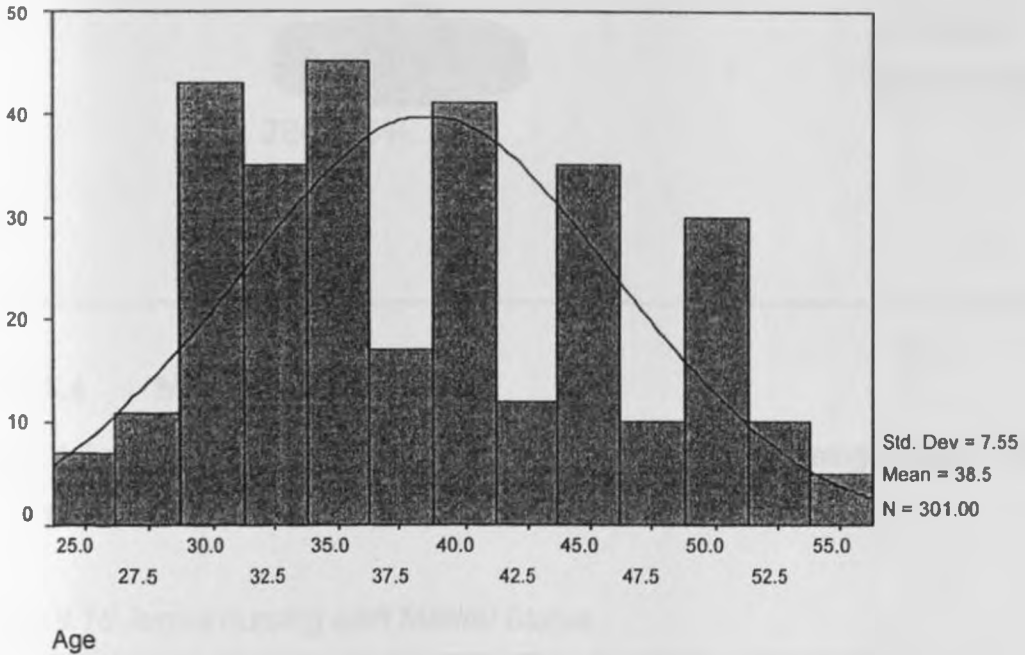
HOSPITAL	Junior nursing staff		
	Enrolled nurse	Registered nurses	Total
MATHARE	62 (63.3%)	36(36.7%)	98 (100.0%)
THIKA	46 (64.8%)	25 (35.2%)	71(100.0%)
MBAGATHI	31(52.5%)	28 (47.5%)	59 (100.0%)
KIAMBU	36 (70.6%)	15 (29.4%)	51(100.0%)
NSIH	13 (59.1%)	9 (40.9%)	22 (100.0%)
Total	18 (862.5%)	113 (37.5%)	30 (1100.0%)

3.14.1 Demographic information

3.14.1.1 Age

The mean age of the junior nursing staff was 38.5 years (95%CI= 37.69, 39.40).with a range of 24-55 years as shown in figure 4.7 below.

Figure 4.7 Age of the junior nursing staff



3.14.1.2 Religion

Majority of the respondents were Christian accounting for 98% of the total respondents while the remaining 2% were Muslims (Table 4.9)

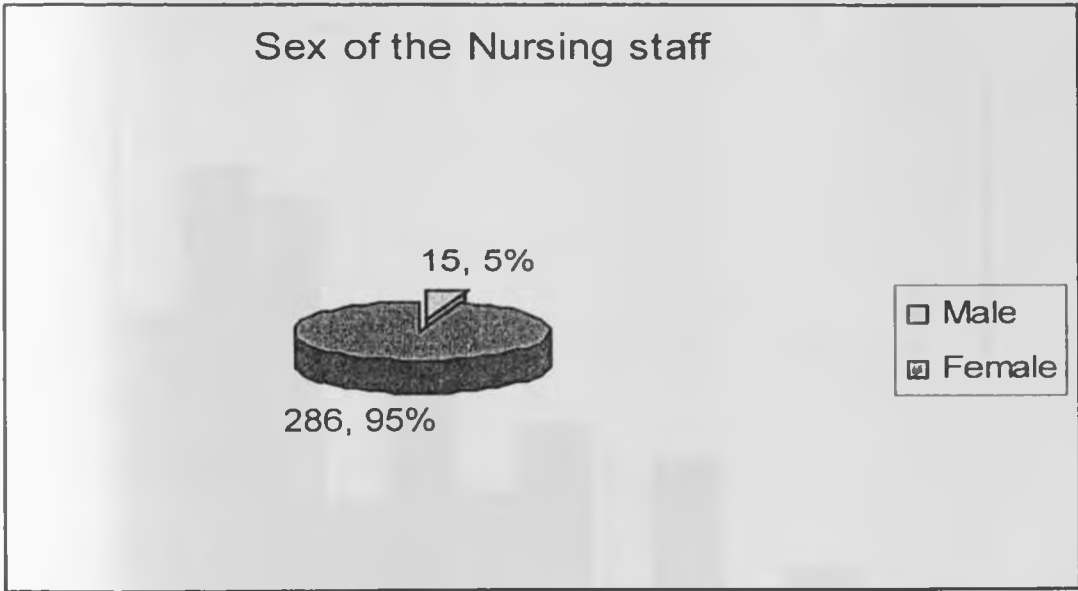
Table 4.9 Junior nursing staff Religion

	Frequency	Percent
Christian	295	98.0
Muslim	6	2.0
Total	301	100.0

3.14.1.3 Sex

The data shows that 95% of the respondents were female while only 5% were males (figure 4.8)

Figure 4.8 Sex of the junior nursing staff



3.14.1.4 Marital status

Table 4.5 shows that 81.7% of the respondents are married; single were 16.6% while the remaining 1.7% were either separated or widowed (Table 4.10).

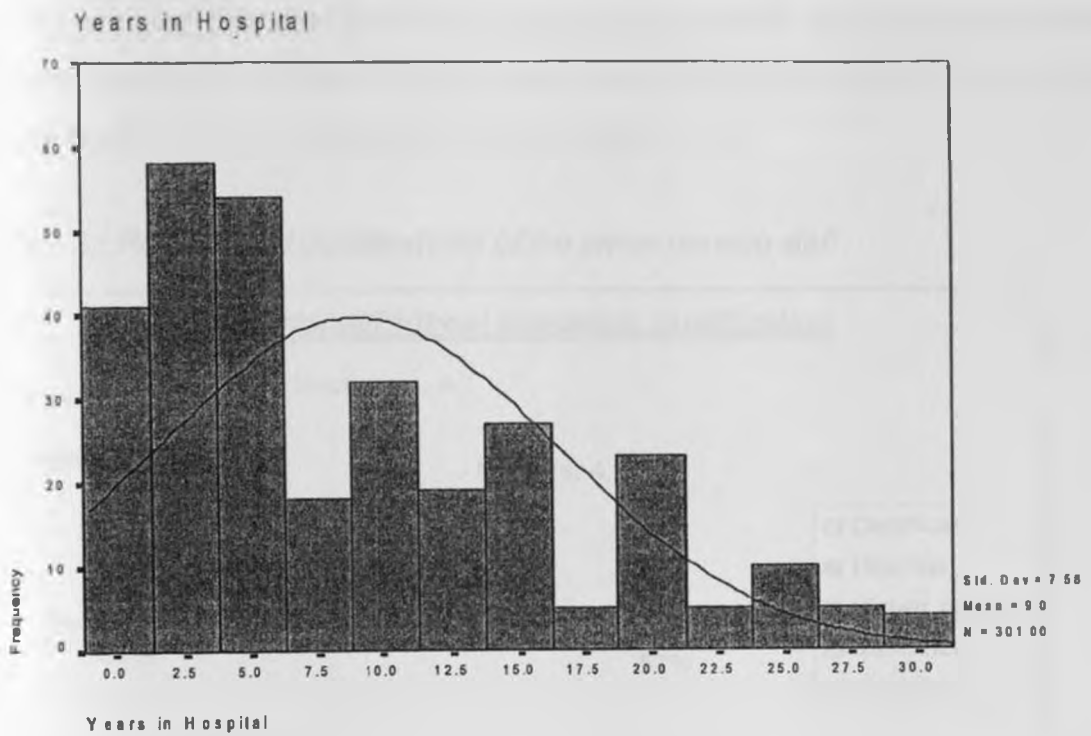
Table 4.10 Junior nursing staff Marital Status

	Frequency	Percent
Married	246	81.7
Single	50	16.6
Separated	1	0.3
Widow	4	1.3
Total	301	100.0

3.14.1.5 Duration of stay in the study area

The average length of stay of the junior nursing staff in the study area was 8.96 years (95% CI=8.10, 9.82) with a range of 30 years. (Figure 4.9)

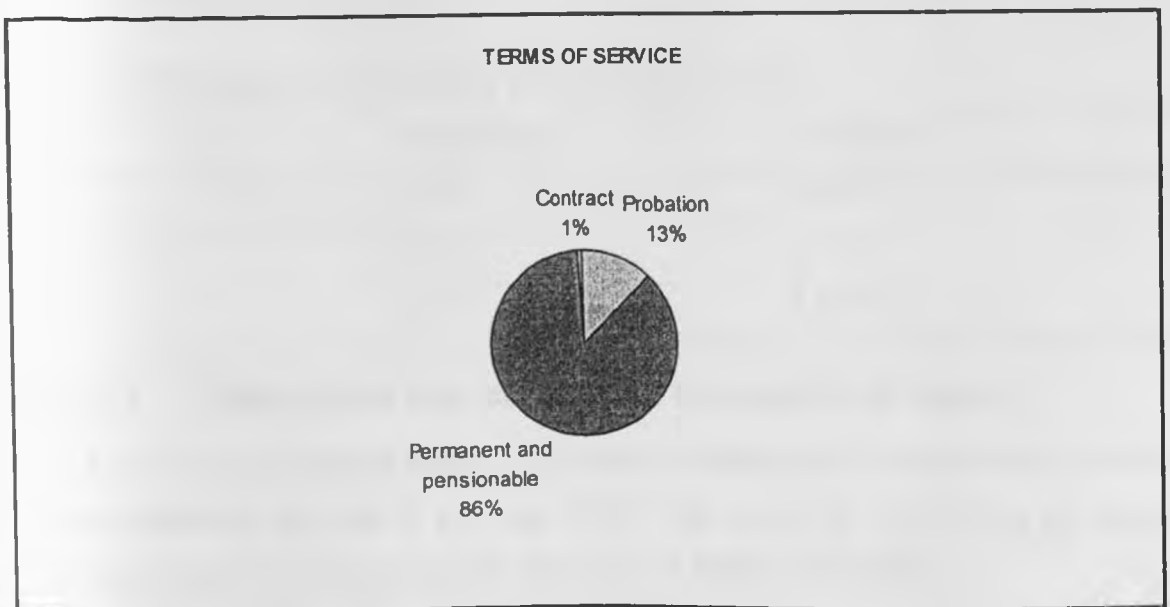
Figure 4.9 Junior nursing staff duration of stay in the study area



3.14.1.6 Terms of service

Figure 3 shows that 86.7% were on permanent and pensionable terms of service, 12.6% were on probation while only 1% was working on contract (figure 4.10).

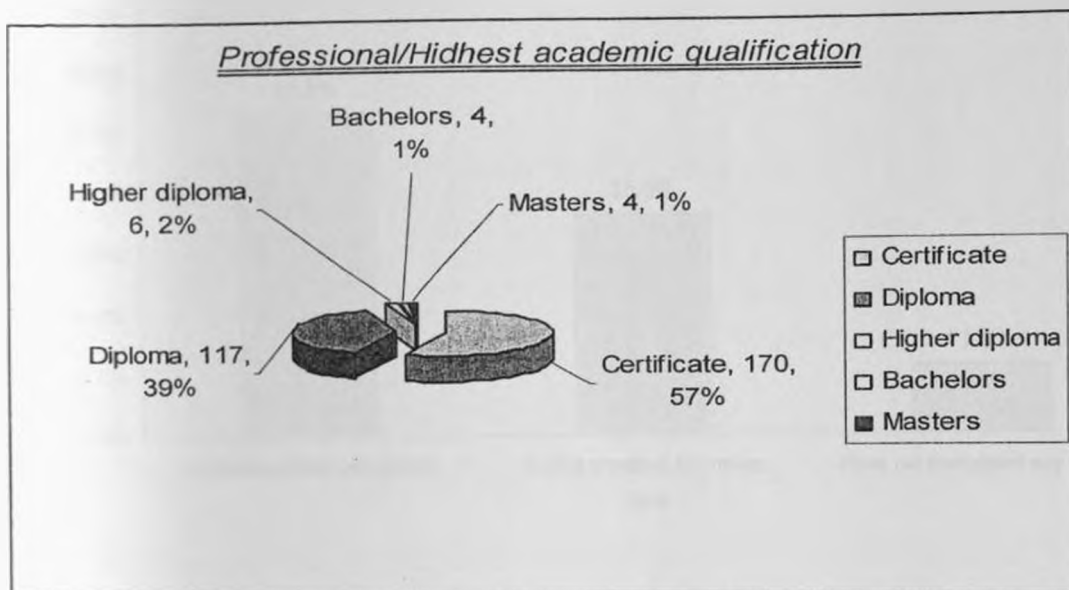
Figure 4.10 Terms of service of the junior nursing staff



3.14.1.7 Professional/academic qualification of the junior nursing staff

The data showed that majority of the junior nursing staffs in the five public hospitals are certificate holders (57%), 39% are trained up to the diploma level, 2% had higher diploma while 2% have a degree and above (figure 4.11).

Figure 4.11 Professional qualifications of the junior nursing staff



3.14.2 Performance appraisal

When asked whether they had completed an appraisal report, 88.7% of the respondents indicated yes while 11.3% responded no as shown in table 4.11 below.

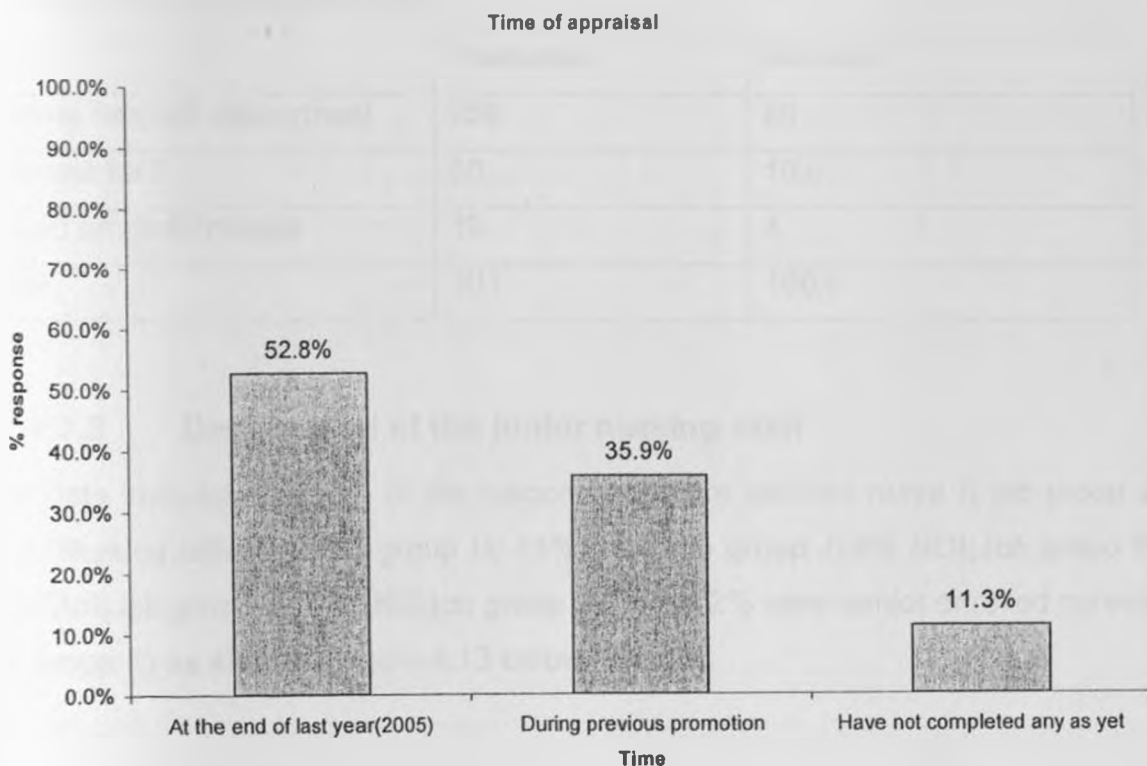
Table 4.11 Completed performance appraisal report or not

	Frequency	Percent
Yes	267	88.7
No	34	11.3
Total	301	100.0

3.14.2.1 Time when one completed the appraisal report

Out of the 267 respondents who had at least completed the appraisal report 59.6% had completed at the end of the year 2005. The remaining 40.4% had completed while applying for the last promotion as shown in figure 4.12 below.

Figure 4.12 Time of appraisal



3.14.2.2 Performance appraisal feedback

Out of 267 respondents who had completed the appraisal report, 31.1% had received feedback concerning their report while 68.9% had not received their appraisal report feedback (Table 4.12).

Table 4.12 performance appraisal feedback

	Frequency	Percent
Yes	83	31.1
No	184	68.9
Total	267	100.0

3.14.3 Use of Appraisal Results

3.14.3.1 Basis of deployment

The junior nursing staffs were asked to indicate the criterion that was used to deploy them. The data showed that 86% were deployed on normal hospital schedules, 10%

requested for it while 4% was deployed on the basis of their performance (Table 4.13).

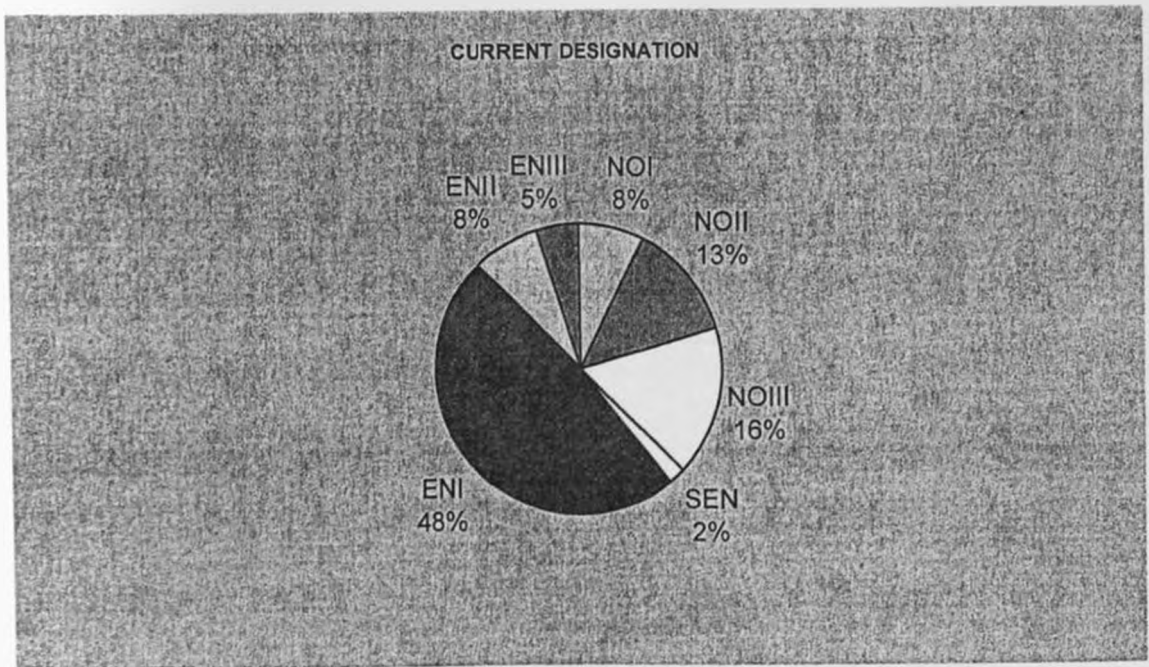
Table 4.13 Basis of deployment

	Frequency	Percent
Normal hospital deployment	259	86
Request for it	30	10.0
Based on performance	12	4
Total	301	100.0

3.14.3.2 Designation of the junior nursing staff

The data showed that 48% of the respondents were enrolled nurse I (job group J), 16% Nursing officer III(Job group H, 13% NOII(Job group J),8% NOI(Job group K), 8% ENII(Job group H),5%ENIII(job group G), while 2% were senior enrolled nurses (job group K) as shown in figure 4.13 below.

Figure 4.13 Designation of the junior nursing staff



Key; NO Nursing officer.(I,II,III; job group H,J,K);SEN senior enrolled nurse(job group K); EN, ,enrolled nurse (I,II,III;job group G,H,J)

3.14.3.3 In service training attendance

When asked whether they had attended in-service training, 57.1% responded yes while 42.9% responded No, as tabulated in table 4.14 below

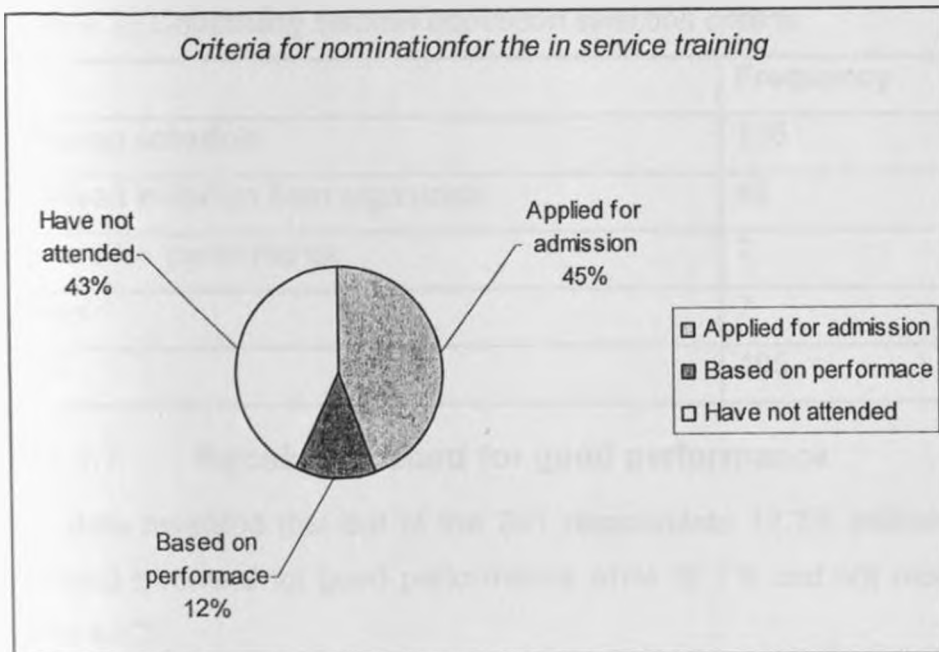
Table 4.14 In service training attendance

	Frequency	Percent
Yes	172	57.1
No	129	42.9
Total	301	100.0

3.14.3.4 Nomination for in-service training

The data showed that 45% of the respondents applied for the in-service training admission on their own while 12% were nominated based on their performance while the remaining 43% had not attended in-service training (figure 4.14).

Figure 4.14 Criteria for nomination for in-service training



3.14.3.5 Continuing medical education attendance

The data showed that 64.8% of the respondents had attended continuing medical education within six months prior to the day of study while 35.2% had not attended any (table 4.15).

Table 4.15 Continuing medical education attendance

	Frequency	Percent
Yes	195	64.8
No	106	35.2
Total	301	100.0

3.14.3.6 Continuing medical education selection criteria

Among those who attended continuing medical education, 69.7% were selected according to the in charge schedule, 45% received invitation letters from the organizers while 3.6% was a result of their performance (table 4.16).

Table 4.16 Continuing medical education selection criteria

	Frequency	Percent
In charge schedule	136	69.7
Received invitation from organizers	45	23.1
Reward for performance	7	3.6
Others	7	3.6
Total	195	100.0

3.14.3.7 Received reward for good performance

The data revealed that out of the 301 respondents 12.3% indicated that they had received a reward for good performance while 87.7% had not received any reward (table 4.17)

Table 4.17 Received reward for good performance

	Frequency	Percent
Yes	37	12.3
No	264	87.7
Total	301	100.0

3.14.3.8 Received verbal or written commendation for work well done

The data showed that 55.5% of the respondents had not received verbal or written commendation for work well done while 44.5% said that they had received (table 4.18).

Table 4.18 Received verbal or written commendation for work well done

	Frequency	Percent
Yes	134	44.5
No	167	55.5
Total	301	100.0

3.14.3.9 What the respondents' considered to be the use of appraisal results

When the respondents were asked what they considered to be the use of performance appraisal report, 26.6% said it is used for promotion, 24.3% said it is for evaluation of work performance, 15.3% said it is for staff motivation, 9.6% said it is of no use, 12.3% did not know its use, while the others said it is for providing feedback of performance (3.7%), for reward (5.6%) and for training (2.7%). (table4.19)

Table 4.19 what the respondents' considered to be the use of appraisal results

	Frequency	Percent
Promotion	80	26.6
Training	8	2.7
Evaluation	73	24.3
Feedback	11	3.7
Reward	17	5.6
No use	29	9.6
Motivation	46	15.3
Don't know	37	12.3
Total	301	100.0

3.15 Relationships

3.15.1 Relationship between deployment and being appraised

There was no significant relationship between being appraised and deployment. (p=0.207) as shown in table 4.20 below.

Table 4.20 Relationship between deployment and being appraised

		Appraised		Total
		Yes	No	
Deployment based on performance	Yes	12 (4.5%)		12 (4.0%)
	No	255 (95.5%)	34 (100.0%)	289 (96.0%)
Total		267(100.0%)	34 (100.0%)	301 (100.0%)

$$\chi^2 = 1.592 \text{ df} = 1, P = 0.207$$

3.15.2 Relationship between promotion and being appraised

There was a significant relationship between promotion and being appraised (p=0.003) as shown in table 4.21

Table 4.21 Relationship between promotion and being appraised

		Appraised		Total
		Yes	No	
Promoted	yes	107 (40.1%)	23 (67.6%)	130 (43.2%)
	no	160 (59.9%)	11 (32.4%)	171 (56.8%)
Total		267 (100.0%)	34 (100.0%)	301 (100.0%)

$$\chi^2 = 9.076 \text{ df} = 1, P = 0.003$$

3.15.3 Relationship between age and length of stay in one job group

There was a highly significant relationship between age and length of stay in one job group as shown in table 4.22 below.

Table 4.22 Relationship between age and length of stay in one job group

		Duration in current designation		Total
		1-4years	5 years and above	
Age range	24-34	94 (85.5%)	16 (14.5%)	110 (100.0%)
	35-44	65 (58.0%)	47(42.0%)	112 (100.0%)
	45-54	13 (16.5%)	66 (83.5%)	79 (100.0%)
Total		172 (57.1%)	129 (42.9%)	301 (100.0%)

$$\chi^2 = 89.441 \text{ df} = 2, \text{ P} = 0.000$$

3.15.4 Relationship between designations and in- service training attendance

There was a highly significant relationship between designation and in-service training attendance. Nursing officers were more likely to go for in-service training compared to enrolled nurses (table 4.23).

Table 4.23 Relationship between designations and in-service training attendance

Designation	In service training		Total
	Yes	No	
Enrolled nurse	86 (45.7%)	102 (54.3%)	188 (100.0%)
Nursing officer	86 (76.1%)	27 (23.9%)	113 (100.0%)
Total	172 (57.1%)	129 (42.9%)	301 (100.0%)

$$(\chi^2 = 26.566, \text{ df} = 1 \text{ P} = 0.000)$$

3.15.5 Relationship between in-service training attendance and being appraised

There was no relationship between being appraised and going for an in service training ($p=0.207$) as shown in table 4.24 below.

Table 4.24 Relationship between in-service training attendance and being appraised

		Appraised		Total
		Yes	No	
In service training attendance	Yes	156 (58.4%)	16 (47.1%)	172 (57.1%)
	No	111 (41.6%)	18 (52.9%)	129 (42.9%)
Total		267 (100.0%)	34 (100.0%)	301 (100.0%)

$$\chi^2 = 1.592 \text{ df} = 1, P = 0.207$$

3.15.6 Relationship between CME attendance and being appraised

There was no significant relationship between CME attendance and being appraised (p=0.055) as shown in table 4.25 below

Table 4.25 Relationship between CME attendance and being appraised

		Appraised		Total
		Yes	No	
Continuing Medical education attendance	Yes	178 (66.7%)	17 (50.0%)	195 (64.8%)
	No	89(33.3%)	17 (50.0%)	106 (35.2%)
Total		267(100.0%)	34(100.0%)	301 (100.0%)

$$\chi^2 = 3.672 \text{ df} = 1, P = 0.055$$

3.15.7 Relationship between being appraised and receiving reward

There was no significant relationship between having being appraised and receiving reward for good performance (p=0.921) as shown in table 4.26 below.

Table 4.26 Relationship between reward and being appraised

		Appraised		Total
		Yes	No	
Reward	Yes	33 (12.4%)	4 (11.8%)	37 (12.3%)
	No	234 (87.6%)	30 (88.2%)	264 (87.7%)
Total		267 (100.0%)	34 (100.0%)	301 (100.0%)

$$\chi^2 = 0.010 \text{ df} = 1, P = 0.921$$

3.15.8 Relationship between verbal commendation and being appraised

There was no significant relationship between receiving verbal commendation and being appraised ($p=0.294$) as shown in table 4.27 below

Table 4.27 Relationship between verbal commendation and being appraised

		Appraised		Total
		Yes	No	
Verbal Commendation	Yes	116 (43.4%)	18 (52.9%)	134 (44.5%)
	No	151 (56.6%)	16 (47.1%)	167 (55.5%)
Total		267 (100.0%)	34 (100.0%)	301 (100.0%)

$$\chi^2 = 1.101 \text{ df} = 1, P = 0.294$$

3.16 Results of the checklist

A total of 34 key informants responded to the questions from the checklist. (Table 4.28). The results showed that 55.9% of the nurse managers did not have a job description for the nurses neither did 85.5% have a code of regulation for referencing. 73.5% of the nurse managers did not have a copy of appraisal forms nor a record of appraisal forms which have been completed and submitted. 76.5% of the hospitals had an operational continuing education department though only 44.1% kept records of the topics covered during CME. (Table 4.29)

Table 4.28 Respondents of the checklist

HOSPITAL	Frequency	Percent
MATHARE	10	29.4
THIKA	12	35.3
KIAMBU	5	14.7
MBAGATHI	3	8.8
NSIH	4	11.8
Total	34	100.0

Table 4.29 Results of the checklist

Item	Response	Frequency	Percent
Availability of Job Description	YES	15	44.1
	NO	19	55.9
	Total	34	100
Availability of code of regulation (COR)	YES	5	14.7
	NO	29	85.3
	Total	34	100
Availability of the appraisal form	YES	9	26.5
	NO	25	73.5
	Total	34	100
Availability of records of appraisal forms submitted	YES	9	26.5
	NO	25	73.5
	Total	34	100
Availability of an operational CME department	YES	26	76.5
	NO	8	23.5
	Total	34	100
List of Topics covered during CME	YES	15	44.1
	NO	19	55.9
	Total	34	100

3.17 Hypothesis Testing

The study findings rejected the null hypothesis that nurse managers utilized performance appraisal for staff development that is; deployment, training and motivation while use of appraisal for staff promotion failed to be rejected as shown in table 4.30 below

Table 4.30 Hypothesis testing

		Appraised		χ^2	P value
		Yes	No		
Deployment	Yes	12(4.5%)	0	1.592	0.207
	No	255(95.5%)	34(100%)		
Training	Yes	156(58.4%)	16(47.1%)	1.592	0.207
	No	111(41.6%)	18(52.9%)		
Promotion	Yes	107(40.1%)	23(67.6%)	9.096	0.003
	No	160(59.9%)	11(32.4%)		
Reward	Yes	33(12.4%)	4(11.8%)	0.010	0.921
	No	234(87.6%)	30(88.2%)		
Verbal commendation	Yes	116(43.4%)	18(52.9%)	1.101	0.294
	No	151(56.6%)	16(47.1%)		

4 CHAPTER FIVE: DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS

4.1 Discussion

The reason why companies continue to do performance appraisal is to align employee goals with those of the organization; to provide feedback on (and improve) employee performance; to identify training needs as a basis for merit increases and to document poor performance in case it becomes necessary to defend personnel decisions in court. A goal of performance management is to enable employees to see how their objectives tie to the organization's objectives. Regardless of the system or methods for performance appraisal an organization uses, it will only be as good or helpful as the managers who use it (Lee 1995).

This descriptive cross sectional study aimed at establishing whether the nurse managers in public hospitals used appraisal results for junior nursing staff development.

The findings showed that all the respondents were junior nursing staff (both registered and enrolled) and nurse managers who had worked in the study area between one year and thirty one years. This means that they were all eligible to have completed an appraisal report. The enrolled nurses represented the majority of the respondents and this confirms the Nursing Council records whereby more than 75% of the nurses are certificate holders. (Nursing Council records 2005).

All the junior nursing staff were at the rank of nursing officer I and below which is equivalent to the job group K and below (GHJK). This was also reflected by the MOH data whereby more that 90% of the nurses are recorded to be in these job groups (MoH records 2005) It also revealed that 94.1% of the nurse managers were Nursing Officer I while only 5.9 % were SNO and ACNO (Job group LM). The same was reflected in the MoH data that showed that less than 10% of the nurses are Senior Nursing Officer and above (MoH records 2005).

Gillies (2004) recommend that, the appraiser should be at a higher level than that of the appraisee in the organizational hierarchy. In contrast, the findings revealed that some nurse managers supervised junior nursing staff that were at the same designations and are expected to appraise them. This can greatly jeopardize the appraisal process and consequently the use of results hence the need of further research in this area.

4.1.1 Demographic information

The age of the junior nursing staff ranged between 24-55 years with the mean age of 38.5 and the majority were between 37 and 39 years. The nurse managers' age ranged between 24-54 years with the mean age of 44 years and the majority was between 44 and 46 years. This means that the study area was dominated by an older age group which will retire at the same time and this might result to a succession crisis. A significant relationship ($p=0.000$) occurred between age and the length of stay in one job group. This can be explained by the fact that there are more established posts for Nursing officers in job group HJK (NOIII, NOII, NOI) and GHJ (ENIII, ENII, ENI) for the enrolled nurses compared to higher job groups (L-Q) (MoH data 2005).

The greatest percentage of the junior nursing staff and the nurse managers were females. This is a true reflection of the nursing workforce since the profession is dominated by females. However higher percentage of males (17.6%) was found among the nurse managers showing that men are rising in the leadership role in the nursing profession. A study in Sweden showed similar findings that almost all the male nurses had risen to be either ward in charges within the first 10 years while only one fifth of the female nurses had risen to that level within the same duration. (Robertson 2000). It is worth noting that it is also the first time in the history of nursing in Kenya that a male nurse is holding the post of Chief Nursing Officer in the ministry of health.

4.1.2 Nurse Managers training on use of performance appraisal

The findings revealed that though 64.7% of the nurse managers had received training on performance appraisal 60.6% of these received the training during their

basic course and only 16.2% had been trained during orientation as in charges. Also 76.5% had not been trained on use of appraisal results. Villanova et al (1991) also found that appraisers were poorly trained. Another study in United Kingdom found nurse managers were clinically competent but demonstrated inadequacy in human resource management .They recommended continuing professional development for this group so that they would be more effective in staff recruitment and retention (Gould et al 2001).

While job description forms the basis of performance appraisal process, majority of the nurse managers did not even have a copy. Similar findings were reported in Mali by Dieleman et al (2006).In their study they found that job descriptions were absent or they were inappropriate.

Policies regarding performance appraisal and use of results are stipulated in the code of regulation which 85.3% of the managers reported that they did not have. Similarly Archer (2003) found poorly structured appraisal system hence judgments made were not fair and accurate leading to legal and ethical problems in the work place.

4.1.3 Availability of performance appraisal results for staff development

The findings of the study showed that though three quarters of the nurse managers reported to be conducting appraisals annually, only slightly above half of the junior nursing staff had completed the appraisal report at the end of the year 2005.This means that there is a gap between knowledge and implementation. In contrast, Levin (2005) found that there was consistency in performance appraisal that contributed to positive development of team members in the USA. Balbuena (2004) also found that 80% of nurse managers carried out performance appraisal regularly in Brazil.

The study also revealed that majority of the nurse managers did not keep records of appraisal forms that have been completed. This means that the appraisals were either not done or incase they were done there was no documentation of the same. Similarly Singer (2000) also found poor documentation of performance appraisal reports in Tennessee that led to an increase in lawsuits among disgruntled employees in organizations.

4.1.4 Use of performance appraisal results

The study findings revealed that majority of those who reported to have completed appraisal report had not received feedback concerning their performance. A study in Mali by Dielman et al (2006), reported similar findings in that only 48% of those interviewed knew their performance had been appraised in the previous two years. In contrast a study in Brazil by Balbuena (2004) showed that 88.2% of the managers discussed performance reports with the employee. Gregoria (2003) also found that performance improved from 11% to 27% when workers were given feedback. There is need for research to establish why nurse managers do not provide feedback to staffs and its implication on overall performance.

Managers and subordinates alike want to know how well they are doing, where they can improve and how much reward they will receive for what they do (Arnold2005). However reward as a means of motivation for good performance was only received by a very small percentage of the respondents though all the nurse managers reported to have rewarded the staff for good performance. There was no significant relationship between being appraised and receiving reward ($p=0.921$). Also about half of the nurse managers reported to have used verbal commendation in appreciation for good performance though more than half of the junior nursing staff reported that they had not received any verbal or written commendation for work well done. Relationship between having done appraisal and receiving verbal commendation for good performance was not statistically significant ($p=0.294$). This means that the nurse managers may not be putting into practice what they already know. In contrast a study done in Vietnam by Dieleman et.al (2003) revealed that the main motivating factors for health workers was appreciation by managers among others.

On deployment the study findings showed that the greatest number of the junior nursing staff was deployed as a normal hospital schedule while only 4% reported to have been deployed on basis of performance. Also only 21.6% of the nurse managers reported to have used performance appraisal results to deploy their staff. The relationship between being appraised and basis of deployment was not

statistically significant ($p=0.207$). Similarly poor transfer procedures were reported in Ghana as one of the workplace obstacles to performance (Agyepong et al 2004).

On promotion the average length of stay in one job group was found to be five years. Majority of the nurse managers also reported to be using appraisal results to recommend staff for promotion. Also when the junior nursing staffs were asked to indicate the use of appraisal, majority reported promotion. There was a significant relationship between having been appraised and being promoted ($p=0.003$). Lee (1997) in his review on performance appraisal found that most organizations were using performance appraisal for merit review and salary increases. In contrast, Balbuena (2004) found that only 20.6% of the nurse managers used performance appraisal results to support promotion of the staff.

On training, majority of the staff were certificate holders. This is also reflected in the nursing council data whereby, majority of those trained in Kenya are enrolled nurses'. Also the ministry of health establishment of the vacancies for enrolled nurses is more than 75% compared to Nursing officers However a significant relationship occurred between designation and in-service training attendance ($p=0.000$) meaning that registered nurses were more likely to go for in-service training compared to enrolled nurses. There was no significant difference between having been appraised and being selected for in-service training ($p=0.207$). Though 57.1% of the respondents reported to have attended in service training 78.94% of them applied and got admission on their own. Dieleman et al (2003) also found that selection for training was unclear and unequal in Vietnam. In contrast Balbuena (2004) found that 79.4% of managers used results for training of staff in Brazil.

5.2 Conclusion

The following conclusions can be made from this study.

- ❖ Performance appraisal results in the public hospital are mainly used to recommend staff for promotion.
- ❖ Staff training both in-service and continuing medical education opportunities is available for the nurses though selection is not based on performance

appraisal results. This can result in staffing problems since many may go for training at the same time. Also they may not be trained according to service needs

- ❖ Despite the availability of continuing medical education in the hospital most nurse managers are not orientated on how to appraise the staff after being appointed to be in charges though they are expected to do so.
- ❖ Deployments of staff within the hospital is mainly done as a normal hospital reshuffle and not based on performance appraisal results.
- ❖ Though all the nurse managers know how to reward staff for good performance, the same is not reflected in practice as less than half of the junior nursing staff reported to have received reward, verbal or written commendation for work well done.
- ❖ Though majority of the nurse managers appraise the staff annually most of them do not provide feedback to the staff.
- ❖ Most of the nurse managers do not have the code of regulation that stipulates the policies regarding performance appraisal in the civil service, and the job description upon which appraisal is based.
- ❖ Performance appraisal forms are not available in the hospitals and nurse managers do not keep records of the appraisal reports they have completed.

- ❖ The study findings rejected the null hypothesis that nurse managers utilize performance appraisal results for staff training, deployment and motivation but failed to reject the use of results for staff promotion. Hence performance appraisal results are mostly used for staff promotion and are not considered in staff deployment, training or motivation.

5.3 Recommendations

Revelations from the study shows that;

- ❖ Nurse managers should be trained on performance appraisal process and the use of results for staff development now that the government has introduced performance contract and lot of emphasis is being put on results.
- ❖ Performance appraisal results should form the basis for staff training so that the needs of the service and the staff are met.

- ❖ In addition to the normal hospital reshuffles, deployments of staff should also be based on performance and the same communicated to the staff.
- ❖ Performance appraisal forms should be available to the staffs on employment so that they can know what they will be evaluated on.
- ❖ Nurse Manager at whatever level should maintain a record of the staff that he or she has appraised.
- ❖ For effective performance appraisal process and use of results, the supervisors should be at a higher job group than the appraisee as matter of policy.
- ❖ More positions should be created for upward mobility of the nurses to avoid stagnation in one job group and facilitate succession.
- ❖ Rewards or trophies should be made available to motivate nursing staff.

A. References

- 1 Agyepong IA, Anafi P, Asiamah E, Ansah EK, Ashon DA, Narh-Dometey C. (2004) Health worker (internal customer) satisfaction and motivation in the public sector in Ghana. *International Journal for Health Planning and Management*. Vol 19(4):Page 319-36.
- 2 Archer, (2005) Introduction to performance appraisal. available at [Http://www.performance.appraisal.com/intro.htm](http://www.performance.appraisal.com/intro.htm) (accessed in November 2005)
- 3 Arnold E. (2005) Managing human resources to improve employee retention at Auburn University. *Health care management Volume 12* page 132-140
- 4 Balbuena EA, Nozawa MR. (2004) Survey of types of repercussions as a result of performance evaluation in hospital nursing *Rev Lat Am Enfermagem*. Vol 12(1): Page 58-64
- 5 Bateman (1990). Management function and strategy. Richard E Chathan, USA. Pg 451-457.
- 6 Cole G.A. (2004) "Management theory and practice" 6th edition lets education-London. Pg 238 -242
- 7 Dieleman M, Cuong PV, Anh LV, Martineau T.(2003). Identifying factors for job motivation of rural health workers in North Viet Nam. *Human Resource for Health*. Vol 1(1), Page 10.
- 8 Dieleman M, Toonen J, Toure H, Martineau T The match between motivation and performance management of health sector workers in Mali. *Hum an Resource for Health*. 2006 Vol 4:2.
- 9 DJCC Secretariat, (2003) Report of the DJCC meeting on, strengthening human resources capacity for effective Health systems in ECSA region. 22nd-25th July 2003. Arusha-Tanzania
- 10 Donnely (1992) Fundamentals of management. Richard D Irwin, USA. Pg 470-472.
- 11 ECSACON secretariat, Report of the 6th scientific conference and 1st quadrennial meeting of ECSACON. August 2002. Daresalam. Tanzania.
- 12 Gomez, (2003) Available at <http://www.cnr.berkeley.edu>.

- 3 Gould D, Kelly D, Goldstone L, Maidwell A (2001). The changing training needs of clinical nurse managers: exploring issues for continuing professional development. Journal of Advanced Nursing. Vol, 34(1) Page 7-17.
- 4 Graham. (1995) Human resource management, 8th edition. Pitman publishers. London. Page 217-221.
- 5 Gregoria, (2003) Labor management in Agriculture, cultivating personnel productivity. Available at: <http://www.cnr.berkeley.edu>.
- 6 Gullies Dee Ann (1994) "Nursing management, a system approach 3rd edition, W.B Saunders company U.S.A. pg 536 – 548
- 17 Ingersol, Witzel & Smith (2005) Using organizational mission, vision and values to guide professional practice model development and measurement of nurse performance at Strongs' memorial hospital in Rochester New York. Journal of Nursing Administration; volume 35, page 86-93.
- 18 Jenkins, Alan, Klarsfeld et al (2002) Individualization in human resource management: the case of skill-based pay in France. International journal of human resource management volume 13 NO.1 pp 198-211.
- 19 Kamally (2002) Effective knowledge management, John Willy and sons. England. Pg 64-67.
- 20 Kenyan Delegation, Report on the 56th World Health Assembly. 19th-28th May 2003. In Geneva.
- 21 Lee C (1997) Performance appraisal: can we 'manage' away the curse? Radiology Management. Vol;19(2):Page 46-54.
- 22 Metcalf (2001). The importance of performance appraisal and staff development: a graduating nurse's perspective in Charles sturt University, Australia. International Journal of Nursing Administration Volume7(1) page 54-56
- 23 Nayeri, Nazari, Salsali et al. (2005), Iranian Nurses' views of their productivity and human resource factors improving and impending it. (on line journal) available at www.human-resource-health.com
- 24 Osborn and Gaebler (1992) Reinventing government. Available at; <http://assami.nic.in/cms/intilink.htm>
- 25 Pamela, Paula, Yasmin et al (2005) Effects of individual performance feedback on Nurses adherence to pain management clinical guidelines, Journal of Nursing Administration. Volume 32 page 448-454

- 26 Queen VA (1995) Performance evaluation: building blocks for credentialing and career advancement. Nursing management. Volume 26 page 52-55.
- 27 Rowe, savigney, Lanata et al (2005) How we can achieve and maintain high-quality performance of health workers in low resource settings. The lancet volume 366, page 1126-35
- 28 Simons (2005) Getting high on Performance at Virginia Hospital USA. Neonatal Network. volume 2 page 67-68
- 29 Singer MG. (2000) Performance appraisals: more than just a feedback tool. Legal documentation for employment decisions. Clinical Lab Management Review. Vol 4(4) Page 219-21
- 30 Springer p, Payne K, Petermann B. (1998) Rating nursing performance based on behaviors in Boise State. Journal of Nursing Administration. Volume 28 page 39-45
- 31 Storner (1992) "Management" 5th edition. Practice Hall Inc. U.S.A. pg 374 -381
- 32 Sullivan (2001). Effective leadership and management in nursing, 5th edition, Prentice Hall, USA pg 308-323
- 33 The National health sector strategic plan 2005-2010. (Not yet published).
- 34 Terry (1997) Principles of management, 8th edition, AITBS. India. Pg 386-387.
- 35 Villanova, peter, Bernadin H job 1991 "performance appraisal: the means, motive and opportunity to manage impressions in Giacalone & Rosenfeld P.Ceds.) 1991 pp 81-96.
- 36 Yoder-wise (1999) "Leading and managing in nursing" 2nd edition Musby Inc. St. Lous Missouri-U.S.A. pg 270-278

B. Appendix: Questionnaires

B.1. Questionnaire for the junior nursing staff

Instructions

Please do not write your name anywhere in the questionnaire,
Put a tick in the box next to your correct response,
Where no choices are given, please fill in the appropriate answer

Institution Questionnaire number.....

Enumerator Initials.....

Demographic information

Age.....

Sex.....

Marital status.....

Religion.....

Date of first appointment.....

1a How many years have you worked in this hospital.....

1b Which department or ward are you currently
deployed?.....

1c. What was the basis for deployment to this area?

- For clinical experience
- Was a normal hospital redeployment
- Requested for it.
- Was a promotion for good performance in your previous area

2a. which of the following represents your current designation?

- | | | |
|-------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> ACNO | <input type="checkbox"/> NOII | <input type="checkbox"/> ENI |
| <input type="checkbox"/> SNO | <input type="checkbox"/> NOIII | <input type="checkbox"/> ENII |
| <input type="checkbox"/> NOI | <input type="checkbox"/> SEN | <input type="checkbox"/> ENIII |

2b. For how long have you been in this designation?.....

3. What are your terms of Service?

- Probation
- Permanent & Pensionable
- Temporary
- Contract

4. Which of the following represents your highest academic Qualifications?

- Masters
- Bachelor's degree
- Diploma
- Certificate
- Any other (specify)

5a. When did you last attend any in-service training?.....

.....

5b. how were you nominated for the above course in 5a?

- Applied it and got admission
- Was nominated by the Administration based on performance
- Was advised by the in-charge to apply for it based on performance

6a. Have you attended any continuing medical education for the last six months?

- Yes
- No

6b.If yes above, what was the criterion for selection?

- Was a reward for good performance
- Was your chance to attend according to the in charge's schedule
- Had received the invitation letter from the organizers after applying for it
- Any other (specify).....

7. When did you last complete your appraisal report?

- When applying for the last promotion
- At the end of last year (2005)
- Have not completed any as yet
- Any other (specify).....

8. Did you receive any feedback from your supervisor about your appraisal report?

- Yes
- No

8. Did you receive any reward for good performance?

- Yes
- No

9. Have you received any verbal or written commendation for work well done?

- Yes
- No

10. What would you consider to be the use (uses) of performance appraisal report?.....

.....

.....

.....

.....

B.2. Questionnaire for nurse managers

Instructions

Please do not write your name anywhere in the questionnaire,

Put a tick in the box next to your correct response,

Where no choices are given, please fill in the appropriate answer

Institution Questionnaire number.....

Enumerator Initials.....

Demographic information

Age.....

Sex.....

Marital status.....

Religion.....

Date of first appointment.....

1. What is your current appointment?

- Hospital In charge
- In charge of Department/Unit
- Ward In charge

1b. which of the following represents your current designation?

- | | | |
|-------------------------------|-------------------------------|--------------------------------|
| <input type="checkbox"/> ACNO | <input type="checkbox"/> NOI | <input type="checkbox"/> NOIII |
| <input type="checkbox"/> SNO | <input type="checkbox"/> NOII | <input type="checkbox"/> SEN |

2 Tick the appropriate designations of the staffs that you supervise

- | | |
|--------------------------------|--------------------------------|
| <input type="checkbox"/> ACNO | <input type="checkbox"/> ENI |
| <input type="checkbox"/> SNO | <input type="checkbox"/> ENI |
| <input type="checkbox"/> NOI | <input type="checkbox"/> ENIII |
| <input type="checkbox"/> NOII | |
| <input type="checkbox"/> NOIII | |
| <input type="checkbox"/> SEN | |

3a Have you been trained on how to conduct performance appraisal?

- Yes
- No

3b. If yes, where did you receive this training?

- During your basic training in college
- During orientation as the in charge
- During continuing education seminars
- Any other (specify).....

3 Have you been trained on the use of performance appraisal results since your appointment as in-charge?

- Yes
- No

5. How often do you conduct performance appraisal for your staff?.....

6. How do you provide feedback to your staff concerning their performance?

- By holding staff meetings
- By discussing it with the individual staff
- Through written letters of recognition
- Any other (specify).....

7. How do you use the results of the performance appraisal?

.....

.....

.....

.....

8. How do you reward your staff for good performance?

.....

.....

.....

.....

9a. Do you usually hold staff continuing education programme in your area of supervision?

Yes

No

9b. If yes above, how often do you hold these programmes?

.....

9c. Who identifies the topics to be covered?

The staffs

The nurse in charge of the continuing education programme

The hospital in charge

Any other (specify)

C. APPENDIX II

C.1. Checklist for the nurse managers

1. Availability for Job description for nurses
 Yes No
2. Availability of the Code of Regulation
 Yes No
3. Availability of copies of staff appraisal forms (not completed)
 Yes No
4. Records of appraisal forms which have been submitted
 Yes No
5. Availability of an operational continuing education for nurses.
 Yes No
6. List of candidates selected for various courses
 Yes No

D. APPENDIX III

D.1. Letters of authority

1. Letter of authority to ministry of Education Science and Technology
2. Letter of authority to the ministry of health.
3. Letter of Authority to research and ethics committee.
4. Consent by the study subjects.

THIS IS TO CERTIFY THAT:

~~Prof/Dr/Mr./Mrs./Miss~~ GRACE
KIRIGO GITHEMO

of (Address) UNIVERSITY OF NAIROBI
P. O. BOX 30197 NAIROBI

has been permitted to conduct research in
NAIROBI, KIAMBU & THIKA ~~WESTERN~~
NAIROBI & CENTRAL District,
Province,

on the topic THE UTILIZATION OF PERFORMANCE
APPRAISAL RESULTS BY NURSE MANAGERS FOR
STAFF DEVELOPMENT IN THE PUBLIC HOSPITALS

for a period ending 30TH JUNE, 20 06

Research Permit No. MOEST 13/001/36C 6

Date of issue 2.2.2006

Fee received SHS.500.00



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4. Excavation, filming and collection of biological specimens are subject to further permission from the relevant Government Ministries.
5. You are required to submit at least two (2)/four(4) bound copies of your final report for Kenyans and non-Kenyans respectively.
6. The Government of Kenya reserves the right to modify the conditions of this permit including its cancellation without notice.

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REPUBLIC OF KENYA

RESEARCH CLEARANCE PERMIT

(CONDITIONS—see back page)

MINISTRY OF EDUCATION, SCIENCE & TECHNOLOGY

Telegrams: EDUCATION", Nairobi

Fax No.

Telephone: 318581

When replying please quote



REPUBLIC OF KENYA

JOGOO HOUSE
HARAMBEE AVENUE
P. O. Box 30040
NAIROBI
KENYA

MOEST 13/001/36 C 61/2

2 February 2006

Grace Kirigo Githemo
University of Nairobi
P. O. Box 30197
NAIROBI

Dear Madam

RE: RESEARCH AUTHORIZATION

Following your application for authority to carry out research on 'The utilization of performance appraisal results by nurse managers for staff development in the Public Hospitals,

This is inform you that you have been authorized to carry out research in Nairobi, Kiambu and Thika Districts for a period ending 30th June 2006.

You are advised to report to the Provincial Commissioner, Provincial Director of Education Nairobi, The Provincial Medical Officer of health Nairobi, The District Commissioners, The District Education Officers and the Medical Officers of Health, Kiambu and Thika Districts before embarking on your research project.

You are expected to submit two copies of your research report to this office

Yours faithfully


B. O. ADEWA

FOR: PERMANENT SECRETARY

Copy to: The Provincial Commissioner – Nairobi
The Provincial Director Education – Nairobi
The Provincial Medical Officer of Health - Nairobi
The District Commissioners – Kiambu District, Thika District
The District Education Officer – Kiambu District, Thika District
The Medical Officer of Health – Kiambu District, Thika District



REPUBLIC OF KENYA

DEPARTMENT OF STANDARDS AND
REGULATORY SERVICES (DSRS)
Afyā House, Cathedral Road,
P.O. Box 30016, Nairobi, Kenya
Tel: 254-20-717077 Fax: 254-20-722986
E-mail: dsrs@africaonline.co.ke

DSRS

MINISTRY OF HEALTH

Ref. RES/A/9/Vol.III/06/6

30th January 2006

Githemo Grace Kirigo
University of Nairobi
School of Nursing
P.O. Box 30197
NAIROBI.

**RE: AUTHORITY TO CONDUCT RESEARCH IN FIVE MOH HOSPITALS
(MATHARI/MBAGATHI/NATIONAL SPINAL INJURY/KIAMBU AND
THIKA)**

Your proposal to conduct research in the named Ministry of the Health facilities is granted.

You are required to observe all the Ethics which conducting this study.

The research findings and recommendations will be required to be given to the Director of Medical Services and all the heads of the Hospitals where the study will be conducted.

DR. TOM MBOYA OKEYO
HEAD,
DEPARTMENT OF STANDARDS AND REGULATORY SERVICES



KENYATTA NATIONAL HOSPITAL

Hospital Rd. along, Ngong Rd.

P.O. Box 20723, Nairobi.

Tel: 726300-9

Fax: 725272

Telegrams: "MEDSUP", Nairobi.

Email: KNHplan@Ken.Healthnet.org

Ref: KNH-ERC/ 01/ 3392

Date: 29th March 2006

Githemo Grace Kirigo
Dept. of Nursing Sciences
Faculty of Medicine
University of Nairobi

Dear Grace

RESEARCH PROPOSAL: "UTILIZATION OF PERFORMANCE APPRAISAL RESULTS BY NURSE MANAGERS FOR STAFF DEVELOPMENT IN PUBLIC HOSPITALS"
(P16/01/2006)

This is to inform you that the Kenyatta National Hospital Ethics and Research Committee has reviewed and **approved** revised version of your above cited research proposal for the period 29th March 2006 – 28th March 2007.

You will be required to request for a renewal of the approval if you intend to continue with the study beyond the deadline given.

On behalf of the Committee, I wish you fruitful research and look forward to receiving a summary of the research findings upon completion of the study.

This information will form part of database that will be consulted in future when processing related research study so as to minimize chances of study duplication.

Yours sincerely

PROF A N GUANTAI
SECRETARY, KNH-ERC

c.c. Prof. K.M.Bhatt, Chairperson, KNH-ERC
The Deputy Director CS, KNH
The Dean, Faculty of Medicine, UON
The Chairman, Dept.of Nursing Sciences, UON
The HOD, Medical Records, KNH
Supervisors: Dr. J. Musandu, Director, School of Nursing Sciences, UON
Mrs. M. Muiva , School of Nursing Sciences, UON
Mrs. Kivuti-Bitok, Dept. of Nursing Sciences,UON

Consent form for the junior nursing staff

Dear respondent,

I am G.G. Kirigo of the University of Nairobi, school of nursing sciences and am carrying out a study on performance appraisal. The study results will help nurse managers to design professional development programmes for staffs and also in policy formulation especially in human resource management.

I am hereby requesting you to participate in this study. This is completely voluntary and you will not be compelled to answer any question. You will suffer no consequences or risk by your decision to participate. All the information will be held in strict confidence. Your name is not required in the questionnaire. I will appreciate your honest answers and cooperation.

Incase of any questions regarding this study, you can contact either me on 0722787862 or

The Chairman,
Kenyatta National Hospital
Ethics and Research Committee,
P.O. Box 20723,
Nairobi

I accept/reject to participate in this study

Signature of the respondent.....Date.....

Signature of Enumerator Date.....

Consent form for nurse managers

Dear Nurse Manager,

I am G.G. Kirigo of the University of Nairobi, School of Nursing Sciences and I am carrying out a study on performance appraisal. The study results will help you as a nurse manager to design professional development programmes for your staff and also in policy formulation especially in human resource management.

I am hereby requesting you to participate in this study. This is completely voluntary and you will not be compelled to answer any question. You will suffer no consequences or risk by your decision to participate. All the information will be held in strict confidence. Your name is not required in the questionnaire or the checklist. I will appreciate your honest answers and cooperation.

Incase of any questions regarding this study, you can contact either me on 0722787862 or

The Chairman,
Kenyatta National Hospital
Ethics and Research Committee,
P.O. Box 20723,
Nairobi

I accept/reject to participate in this study.

Signature of the respondent.....Date.....

Signature of Enumerator Date.....