

Bottlenecks in the Implementation of Performance Appraisal Systems in the Zambian Civil Service: Perspectives of its Implementation in the Health Sector

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ABSTRACT

In this study, an exploration was made to investigate the bottlenecks that affected the effective implementation of the performance appraisal system in Zambia's civil service. The study narrowed down to investigate the bottlenecks in the health sector. The study applied qualitative research method with a Case Study Design. The study comprised of 20 purposively selected health workers as the participants. The study used semi-structured interviews to generate evidence. The study found out that the implementation of the PAs had a number of bottlenecks. Most of the bottlenecks were organizational factors which greatly affected PAs implementation in the health sector. The most common bottlenecks included unavailable and unclear job descriptions, inadequate awareness on the job descriptions, and insufficient knowledge on what constitutes performance appraisals. The other bottlenecks relates to inadequate participation by the users in the design and development of the job descriptions and the various types of plans which act as the sources of targets/standards for appraisals. The study also discovered bottlenecks related to weak mechanisms for performance feedbacks, review, communication and not excluding monitoring and evaluation. The others included the lack of the standard operating procedures/guidelines besides the inadequate training and orientation on the PAs. In conclusion, it is recommended among others that: top management such as Senior Medical Superintendents, Heads of Departments and the In-Charges at Health Centres need to take charge in the implementation of the APAS by promoting, supporting and encouraging the frequent monitoring and evaluation of the APAS; there is need to buy-in the entire PA processes into duty operations at the individual and the departmental work plans in accordance with the requirements of the PMP; and all newly appointed employees should undergo intensive APAS inductions within the first quarter of their appointment.

Key Words: Performance Appraisal Systems, Job Descriptions, Implementation, Work Plans

INTRODUCTION

This article is an extract from the thesis of the Principal Researcher on the Efficacy of the Performance Appraisal System in the Zambian health sector. As a requirement for the award of a PhD in Public Administration at the University of Zambia (UNZA) in partnership with the Zimbabwe Open University (ZOU), students are required to conduct a research study that culminates into a Thesis (Simui, Kasonde-Ngandu, Cheyeka and Kekana, 2018). The UNZA-ZOU partnership has been running since 2014 via the distance learning mode. The University of Zambia is configured in a dual mode (the regular, parallel and distance education modes) (Simui, Thompson, Mwewa, Mundende, Kekana, Chishiba, and Namangala, 2017 and Mundende, Simui, Chishiba, Mwewa and Namangala, 2017).

There are indeed difficulties that many government ministries/institutions in the Zambian civil service face in their quest to implement the Annual Performance Appraisal System (APAS). The need to implement the APAS has been anchored by top government officials. For example, during the Public Service Day

Commemorations, the then Secretary to the Cabinet, Dr. Roland Msiska on 23rd June, 2017 gave very strict directives that all civil servants should undergo an appraisal every year. Further, the then Labour Minister Mrs. Joyce Nonde – Simukoko in 2021 gave a profound speech during the Labour Day commemoration on the need to adhere to the requirements of the Performance Management Framework. The minister added that civil servants should be appraised so that they can enjoy salary increase through the notch system ([Chilima, 2020](#)).

There are a number of studies in Zambia that have dwelt on the implementation of the PAs. However, the majority have discussed the implementation of the system generally in the public sector as a whole rather than discussing a specific sector which this study achieved. Studies by (Phiri, 2022), (Waal and Mulimbika, 2017), (Kamfwa, 2016), (Kachebele, 2013), (Pembamoto, 2013) and (Kabila, 2013) are some of the examples.

THEORETICAL FRAMEWORK

The main theories that were used to underpin this study were the motivation theories of Goal Setting and the Expectancy Theory. The goal setting theory was developed by Edwin Locke in 1968 and suggests that an individual goal established by each employee motivates them for greater performance. If the goals are not achieved, they can work both in improving performance or modify goals and make them realistic. Kuranchi et al, (2016) also explain that the goal setting theory involves the identification of the specific goals and objectives for the employees before setting up systematic tracks of their progress towards these goals. The link of this theory to the performance appraisal system is the specific application of goal setting that advocates for participative and measurable objectives. The theory calls for the setting up of the goals that are smart, specific, measurable, attainable, realistic and time bound in line with the PMP guidelines. The specific and not value goals can help improve the performance. Subsequently, performance appraisal promotes goal commitment which an employee agrees to be accomplished rather than being imposed on externally.

The Goal theory is relevant in the public service because of its emphasis performance improvements in most appraisal processes. In the Zambian context, the setting up of the goals is undertaken during planning at all levels, be it at the strategic plan, departmental or individual level as ascribed in the PMP framework, one model that was used to conceptualize this study.

The Expectancy Theory advocates that the mere presence of the value goal is not a sufficient condition for action. As explained by (Mollel, 2017: 13), the Expectancy theory proposed by Victor Vroom in 1964 states that the tendency to act in a certain way depends on the strength of the expectation that the act will be followed by a given outcome and on the attractiveness of that outcome to the individual. In other words, Vroom's Expectancy theory states that an individual will perform certain actions that he/she perceives will bring valued outcomes. The hypothesis of the theory is based on the assumption that the individuals adjust their behavior on the basis of the anticipated satisfaction of the valued goals in the organization. The Expectancy theory offers the best explanations of what conditions and the amount of effort an individual will exert on his/her job. Scholars such as (Radebe, 2015) explain that individuals modify their behavior in a way that might likely lead them to attain the goals a precursor to inclusive welfare (Eliadou, Lo, Servio & Simui, 2007).

METHODOLOGY

This study used the qualitative research approach to explore the bottlenecks which hinder the implementation of the performance appraisal system in the health sector from a constructivist (interpretivist) world view. This was aimed at making sense of the meanings that the participants had with regards to the

efficacy of the performance appraisal system based on lived experiences and the existing situation at the work places. An interpretivist paradigm exposes that

The qualitative design was used to allow for in-depth analysis of the comments and perceptions that health workers held with regards to the PA system. This created an enabling environment to gain the insights and direct understanding from the targeted interviewees on key factors that hindered implementation. In short, the qualitative approach was used for purposes of gaining insights so as to undertake an in-depth exploration on understanding the important and complex non-quantitative phenomenon such as the meanings, views and/or opinions and beliefs of the participants. It was also used to provide clear and detailed picture of situations as they happened naturally in the said study areas of the selected health facilities.

Study Population and Sample Size

The study population was classified into five (5) specific categories which comprised One Hundred Twenty (120) of the employees from the lower and the middle management level, Fifteen (15) respondents from the top management and the MOH officials and Fifteen (15) respondents from the Cabinet Office officials and various other stakeholders.

FINDINGS AND DISCUSSIONS

The study findings revealed that the implementation of the performance appraisal system has a number of bottlenecks. With reference to the objectives of this research which tried to find the factors that impeded implementation, the finds are presented.

Availability and Knowledge of the Performance Appraisal System

This discussion of the findings in this category focused on what participants cognitively thought and knew about performance appraisal from its development to the implementation stage. The findings reflected on how the respondents qualitatively evaluated the efficacy of the PA process they had been exposed to, as opposed to the ideal system. The discussion also looked at the transparency on the use of the system by clustering into categories the themes that focused on the format and content. Probing from the responses, it was concluded that most of the participants demonstrated various levels of understandings of the APAS. Not all the participants explained clearly the role of the system as a development and evaluation tool but merely as a tool that is used to confirm and promote employees in the public service.

This study discovered that the understanding of the PA system was to an extent superficial and this was attested by responses such as, “My understanding of PA..., “it was a system which tries to evaluate employee performance for confirmations and promotions’. Others predominantly understood it based on the need to improve the capabilities of employees, renewal of contracts and training in particular. The respondents from top management level and cabinet office positively displayed having such comprehensive knowledge.

Level of awareness on the Performance Appraisal System

The study findings discovered 82 (82%) of the respondents being aware of the PA system and these mentioned the existence of the APAS. 18 (18%) respondents mostly on probation who had not served for more than one year expressed not being aware of the system. The findings suggest that in certain instances, the employees were aware of the systems usefulness but however, lacked the adequate knowledge on how it was being applied. It was also worth noting that there were significant differences on the perceptions with regards to the appraisal outcomes and benefits among the respondents in the different study areas.

Use of performance evaluation by management

The respondents were asked to answer to a number of statements with regards to perception on the use of the appraisal results by management. As a starting point, 80 (80%) respondents agreed that the appraisal results were predominantly used to improve performance planning and measure the set-up goals. 15 (15%) of the respondents strongly agreed while a few comprising a minority 5 (5%) neither agreed nor disagreed. No respondent disagreed or strongly disagreed to the statement.

The above figures also gave the responses as to whether the employees were aware if the PA was benchmarked on set targets/standards and departmental goals. The same respondents indicated that the system was being utilized in the identification of the roles, clarifying the expectations and determining the training needs. Such revelations were in tandem with the PMP which calls for management of the employee performance from the beginning to the end of the performance cycle to be used for the presented reasons as agreed (Government of the Republic of Zambia, 2014). The study learned that 42 (42%) of the respondents disagreed to the statement that the PA system was used for coaching, counseling and support. The results were the opposite of various claims from scholars such as (Kachebele, 2012: 34) who asserts that part and parcel of tracking the performance of officials is to monitor and evaluate their levels of performance through support, coaching and counseling.

Secondly, after a comparison of aggregate responses, it was of interest to divulge that 80 (80%) of the respondents agreed that performance results were used as a sound basis to make HR decisions such as confirmations, promotions and training. On the other hand, 15 (15%) of the respondents strongly agreed while the minority 5 (5%) neither agreeing nor disagreeing. The other 42 (42%) and 16 (16%) respondents disagreed and strongly disagreed respectively that performance results were used to make HR decisions such as deployments, re-deployments, rotations, transfers, salary increments and discipline. The same figures held perceptions that the results were not being utilized for regular communication and the rewarding of the hard-working employees. They clarified that the expected two-way communication between the supervisor and subordinate was insufficient during the entire period of appraisals.

Additionally, it was the equivalent figure who claimed that the performance results were not being used to obtain written feedback from supervisors once the annual general appraisals had been conducted in December. The same responses were obtained to confirm whether the PA system was being utilized to provide personnel legal support for decisions such as discipline and the renewal/termination of the contracts. Negative responses of either disagreeing or strongly disagreeing that the performance results were not being utilized to enhance transparency and to confirm the making of good harmonized decisions was as well discovered. In justifying the responses, they held the perceptions that the PA system was a sheer waste of time, insufficient and was not being well utilized to make HR management decisions with regards to the rewarding of the hard-working employees.

The general notion from the responses was that the decisions relating to promotions, transfers and rotations were solely based on factors such as the seniority, the years of service and kins relationships and with tribal inclinations to some extent. The critical analysis of the responses can conclude that the subordinates were either pessimistic or less positive when compared to the supervisors with regards to the significance of PA and its contribution to the making of HR decisions. In the ideal practiced of PAs every individual is expected to know the role of PA towards achieving the strategic goals of an organization. In particular, in the selected health facilities, the results presented were indeed worrisome. One can be meant to believe that the success of the health facilities to provide service delivery and improved job performance dependent on appraisals. As a result, it is very questionable that any initiative to introduce a fully-fledged PA system may face the serious challenges and resistance within the working environments of the study areas.

Organization Factors that can impact on the Performance Appraisal System

The organizational factors that were considered in this study were the daily atmosphere in which the employees were subjected to when performing duties. Factors such as the HR management styles, internal structures, the existence of clearly articulated goals and information related to norms and standards affects levels of performance. (Awases, 2013: 67) puts it that, the factor that affects the levels of performance are delegation of authority, autonomy to undertake tasks, the feedback mechanisms and the resource availability. The study also considered the physical working conditions (staff shortage, work pressure and stress) and physical layouts (cleanliness and the comfortable working environments) as some organization factors.

Working conditions and the interaction of respondents with the physical working environment was investigated. A probe on existing work schedules and the factors such as the availability of resources (equipment and materials) was necessary. However, the study did not investigate on the availability of the equipment's and the materials but rather on the existing work schedules, staffing levels, availability and clarity of job descriptions in the study areas. The study also investigated if the system had mechanisms that allowed the joint development of the work plans and setting of targets/standard between supervisors and the subordinates. It was also prudent to investigate the presence of the Appraisal Policies/Guidelines or Standard Operating Procedures (SOPs) for use to orient the employees on the PA system.

Purpose of the Job Descriptions

In terms of holding knowledge of job descriptions, the study discovered 50 (50%) and 15 (15%) respondents correspondingly disagreeing and strongly disagreeing. This indicated not having the clear, accurate, complete and up-to-date job descriptions. They qualified that job specifications did not identify, clarify and spelled out duties/roles satisfactorily. They indicated that principal accountabilities were not clear and overlapped between ladders. For instance, they were not very clear with regards to the minimum qualifications (education and training) and experience (type and number of years) that one needed to possess to perform the job. The expected outcomes from the Key Result Areas (KRAs) were not very clear. The information on reporting relationships as well as the expected modalities for interaction with peers and co-workers for particular jobs was not there.

On the contrary, 30 (30%) and 5 (5%) respondents agreed and strongly agreed having knowledge of job descriptions. These were the contractual employees and supervisors with more than ten years working experience. However, the employees of foreign national were found having more knowledge on their job descriptions especially that they had undergone a number of appraisals to renew the contracts. They stated that the job descriptions were given together with the contract forms spelling out the working conditions and expected outcomes. However, like the others, they also complained of having job descriptions informing them on the required equipment's and materials which were never provided and this resulted in frustrations when performing duties and alter led to poor performance and demotivation.

Availability of Job Descriptions

The study found 80 (80%) respondents indicating that the job descriptions were not readily available while only 20 (20%) expressed their availability. After a further probe, it was disclosed that the key problem was not only the absence of the job descriptions but rather the difficulties to access such tools from the HR Department. The participants complained that the HR officers did not perform the expected duties to distribute job descriptions and avail themselves for assistance. Their perceptions were that job descriptions were supposed to be given to them all the times and were to be complemented with regular orientation within the first month of appointment or being assigned with new duties. With such revelations, this study

concluded that the employees were not adequately using job descriptions as sources of standards/targets for individual work plans as required by the PMP framework. Further, it can also be deduced that the health workers were not also using job descriptions during their day-to-day performance on which the overall appraisals is highly dependent.

Clarity of the roles and responsibilities in the job descriptions

A Job description assists enriching employees with the required experiences, skills and abilities. In terms of roles and responsibilities, 80 (80%) respondents indicated having unclear job descriptions. They reasonably argued that Principal Accountabilities (PAs) and the Key Result Areas (KRAs) on their job descriptions were too broad and did not conform to the duties. For instance, the Zambia Enrolled Nurses (ZENs) and the Registered Nurses (RNs) complained of having overlapping KRAs.

A complementary probe to the responses exposed many other such complaints with regards to imperfect job descriptions. The nurses working in Theatre Departments complained using similar job descriptions as those working in other Departments despite performing entirely different duties. The perceptions were largely that the job descriptions in different health professional categories were outdated and did not conform to current working conditions. For instance, the RNs and ZENs performed similar responsibilities and the KRAs on their job descriptions were not clear. This, it was mentioned, caused misunderstanding when it came to supervision by either following years of experience or qualifications. For example, the ZENs who were the certificate holders had more years of experience with supervisory roles when compared to the RNs who held less years of experience but held higher qualifications of a diploma in nursing.

A further probe on the clarity of the roles and responsibilities in the job descriptions (categories) mostly revealed problems of staff shortage and tight work schedules. The study revealed major differences between opposing views, with 80 (80%) participants indicating not having clear roles and strongly agreeing that the overall work schedules were not fair while the remaining 20 (20%) respondents indicated the work schedules being fair. The views of the majority were that the staffs allocated to perform the duties were not sufficient to cover the overall workloads in the health facilities especially when they are located in densely populated urban areas. The shortage of staff was confirmed with the expressions that they were being subjected to work beyond their scope of practice and the shortages caused burn-out and stress-related illnesses which affected outputs.

Source of targets/standards for developing individual work plans

The study found 10 (10%) of the respondents, with the majority from the top management level demonstrating using the mission statement as embraced in the Ministerial Strategic Plan as the main source of targets/standards. On the contrary, those who indicated the Eighth (8) National Development Plan and Vision 2030 being the source of the targets/standards comprised only a few 5 (5%) from the top management level. Generally the views of top management were that;

“the overall goal of any good performance management system is to ensure that the employees’ activities (the tasks they perform and how well they perform them) should support the goals and mission of the health sector while maintaining a motivated and happy workforce.”

The study established that almost 80 (80%) of the employees were not well informed about the mission and the goals of MOH. This is alarming, as mentioned by Schultz (2001:30) that people who are aware of the mission and the goals have a strong identification, are committed and stay in the organizations much longer. Additionally, the same respondents either disagreed or strongly disagreed being clear of the objectives to be achieved and if their effort contributed to the MOH mission. As a result, the position of this study is that, clear goals, objectives and intrinsic factors such as self-perception, values and benefits are crucial in the

implementation of the successful PA system.

Work planning, joint target/standard setting

The majority 80 (80%) respondents agreed not setting performance targets/standards jointly whereas only 20 (20%) ascertained being involved. Such outcomes do not present any major deviation since it was already presented that most of them were not involved in developing the annual departmental work plans or the strategic plans, the vital sources of targets/standards. Such results seem worrisome and go against the tenets of the PMP framework which guides that the successful implementation of the PA system in Zambia public service should involve individual employees in all the stages of the APAS including planning (Kamfwa, 2016: 6). Additionally, since the majority were reported not having adequate access to job descriptions, this can confirm why the majority employees were not jointly setting standards/targets with their supervisors as anticipated.

Review of individual work progress and feedbacks

The above presentation underscores the prominence of feedback as a learning experience that can be used to encourage employees to think about how and in which way they want to develop. 60 (60%) of the respondents indicated that the supervisors did not provide regular feedbacks after reviewing work progress. Only 40 (40%) of the respondents indicated receiving feedbacks, a situation which was unfavorable and confirms the non-conduciveness in which the PA system was being implemented. When the respondents were asked of penalties related to such, they confidently indicated the none or the delayed confirmations, promotions, salary increments and recommendations for training.

However, with the negative results of poor feedback mechanisms revealed in this study, the behavior tendency is worrisome. Without timely feedback, performance deficiencies/gaps were not being provided and the subordinates were not going to be rendered with the opportunities of making remedial actions from improved performances. Such a tendency is dangerous especially in specialized health related fields such as Medical Doctors, Nurses and the Paramedics where uncollected mistakes would end in fatal results such as unavoidable deaths to the patients. The problem of inadequate feedbacks requires to be dealt with urgency and justification in the pursuit of implementing a successful PA that would enrich health service delivery.

Performance Improvement Progress (PIP) Meetings

The results of the study are bothersome with regards to the frequency of the PIP meetings. The problem was discovered serious with 60 (60%) respondents indicating never had participated in any PIP meetings. This was in contrast with the 30 (30%) respondents who indicated having such meetings at least once a year but not quarterly or weekly basis. The 20 (20%) respondents who indicated holding PIP meetings on a quarterly basis came from top management level and these indicated using the Performance against target forms as a tool. This position of the study is that despite the respondents indicating not having regular PIP meetings daily and weekly, it's actually a positive status because even newly appointed staff may not require daily performance reviews especially that their syllabi in the health sector involves clinical practices. However, the lack of seriousness towards the meetings was proved from one supervisor who said:

“The APAS provides direction to us on how to make a proper evaluation for each employee. Performance is the most important thing, but it's not taken seriously by the majority of the subordinates.”

Similarly, in the interviews with the subordinate employees most of them stated that;

“a proportion of supervisors’ decision on appraisal is influenced by factors such as seniority and mostly, would ignore the appraisal regulations and make decisions based on attachments with the subordinates”.

Performance appraisal orientations in the health facilities

The study found 90 (90%) of the respondents indicating not having been oriented on the APAS as enshrined in the PMP. They disagreed having undergone any form of in-house orientation irrespective of their positions, the status of employment or years of experience. Such responses were somewhat worrisome especially noting that the planned and the organized formal orientations are essential to acquire skills and knowledge needed to enhance job performance and create value at duty stations. Only a small fraction comprising 10 (10%) indicated having undergone the formal orientations. These orientations were conducted through workshops and seminars by MDD and PSMD through the exercises to check progress being made towards APAS implementation. After an in-depth probing, the same respondents admitted having received some informal orientations from the HR Department. Such orientations occasionally occurred when the employees made self-efforts to acquire more knowledge on the APAS or through the reading of the circulars and the memos issued by cabinet office reminding the public service workers on the need to conduct the annual general performance appraisals at the end of the year in December. The view from a number of employees regarding their supervisors were summarised as follows;

“I do not think that the supervisors have enough skills or training to evaluate us. They are applying the APAS based on trial and error and years of experience and they also require a lot of training and skills in the effective implementation of the system.”

On the other hand, the supervisors’ views were summarised as follows:

“There is a lot of training to get through, and we have not been trained on how to do performance management, appraisal, time management, that is the problem.”

Appraisal policies, guidelines/standard operating procedures (SOPs)

The findings revealed that 75 (75%) participants strongly disagreed on the existence of a PA policy guideline/Standard Operating Procedures (SOPs) whereas to some degree the remaining 25 (25%) agreed. They expressed having grasped some policy documents from cabinet office on the PMP and other circulars issued regularly through MDD and PSMD as reminders to adhere to the APAS. However, the overall policy seemed to be known superficially from the respondents from the Lower Management level. The repercussions of such findings is that, even though the respondents were aware of the policy guideline/SOPs existence, the application might be of less effect due to the lack of policy details at each health facility. In addition, a significant number attested that even though the PMP was being used as the informing strategy/SOPs on appraisal matters, some gaps existed and these hindered effective implementation in the MOH..

A further enquiry on whether the respondents were aware of the details contained in the policy in accordance with the PMP framework, the responses were generally albeit lack of confidence and enthusiasm. A detailed analysis on some of the uncertain answers provided, it became clear that some of the respondents were vocal in indicating that the policy was new to their ears especially those with less than 5 years working experience. This is a sad state especially with scholars such as (Shafundah, 2009: 56), profusely asserting that no matter how professionally designed the system can be it cannot be effectively implemented without the detailed and the clear operating guidelines/procedures. The UTH, for instance with a fairly developed and documented system being used to appraise the Medical Doctors for specialty rotations, trainings and renew of contracts, it was envisaged that it had put in place a proper outlined PA

appraisal guidelines/SOPs. Again, this it can be presumed were the mere perceptions among the users that the system was basically a simple process that can be administered easily hence no need for guidelines/SOPs. This was attested by interesting answers lamented by some participants who indicated that the:

“APAS was just a form filling process that was undertaken by HR officers after newly appointed employees had completed his/her probation period”.

A number of participants made statements such as:

“We as the employees at the lower management level and on the ground were not considered and did not participate when the new appraisal system was being designed. We just assumed that everything was possible when the system was being designed.” it was done at Cabinet Office and they were able to make the right decisions and considered.

CONCLUSION

In conclusion, this study has revealed that the implementation of the PA system had several hindrances. They included the organization factors such as unclear job descriptions, inadequate access to the tools and the lack of knowledge on their use. The study revealed hindrances such as lack of performance Improvement Progress (PIP) meetings, non-review of individual work progress and lack of feedback. The study found that the APAS was being implemented without the guidelines/standard operating procedures (SOPs) with inadequate orientations and training. In addition, the implementation suffers from the lack of communication, coaching, counseling, mentoring, monitoring and evaluation.

RECOMMEDATIONS

Based on the findings, the researchers provide the following recommendations as provided below.

1. Top management such as Senior Medical Superintendents, Heads of Departments and the In-Charges at Health Centres need to take charge in the implementation of the APAS by promoting, supporting and encouraging the frequent monitoring and evaluation of the APAS;
2. There is need to buy-in the entire PA processes into duty operations at the individual and the departmental work plans in accordance with the requirements of the PMP.
3. All newly appointed employees should undergo intensive APAS inductions within the first quarter of their appointment;
4. There is need to provide both support and delegation which should be followed by the proper auditing, monitoring and evaluation of the PA systems implementation;
5. Performance Improvement Teams consisting skillful members with knowledge on PA from PSMD and MDD need to be constituted to systematically assist the MOH in addressing the highlighted challenges being faced in the implementation of the APAS;

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