



EMPLOYEES PERCEPTION OF PERFORMANCE APPRAISAL ERRORS: AN EMPIRICAL STUDY OF PUBLIC HEALTHCARE IN DISTRICT SRINAGAR, J&K

*1 Dr. Parvez Ahmad Mir & *2 Shafiq Gul

1*Sr. Assistant Professor, Department of Management Studies, Islamic University of Science and Technology, Awantipora, J&K (India)

E-mail: mirparvez7@gmail.com

2*Research Scholar, Department of Management Studies, Islamic University of Science and Technology, Awantipora, J&K. (India)

EE- mail: shafiqagul@gmail.com

Article history:	Abstract:
<p>Received: 7th January 2021 Accepted: 13th January 2021 Published: 5th February 2021</p>	<p>This exploration topic was considered for the research study because of its noteworthiness in discovering the perceptual level of Healthcare workers towards the presence of mistakes or errors in conduction and execution of Performance appraisal system (PAS) in Public Super- specialty hospitals of District Srinagar, Jammu and Kashmir. Research investigation of such edge has not been ever led. Performance evaluation isn't just used to gauge and assess the employee's performance however it helps other HR practices as well in their implementation like for developmental wages and salaries, promotion choices, employee's T&D needs, performance feedback, and discovering employee qualities and shortcomings. Assigning rating based on a single strength, single weakness, recent performance, overall high rating, and overall low rating is a matter of concern as far as fairness of the PAS conduction is concerned. In the current exploration study, we intended to determine the presence of PAS errors and its effect on employee's perception towards the procedure. Data was gathered from two significant Super-Specialty hospitals explicitly from SKIMS, SMHS Srinagar. The outcomes uncovered the presence of PA errors according to the employee's insight in conduction and usage of the procedure. In the current research article, we discussed literature on PAS and allied errors adhered to it. The higher authority should resume the complete process of it and contribute imperative changes in order to annihilate the mistakes committed in PAS conduction with the goal that workers see the entire framework as reasonable and straightforward to teach proficient PAS in Healthcare associations of India. Also, we offer certain suggestions alongside the future extent of examination in PAS of Healthcare employee's.</p>

Keywords: Performance appraisal system, PA errors, halo, horn, recency, spillover, stereotype, projection, ratings, fairness, healthcare.

1. INTRODUCTION:

Performance appraisal system (PAS) is one of the most critical procedures in hierarchical setting to audit their employee's performance regardless of the sectorial domain i.e. public or private. However, in the professional and occupational framework PAS assumes a significant job for various administrative and developmental verdict like compensation, advancement, training, and furthermore certifications for legitimate purposes (Dubinsky, Skinner, and Whittler, 1989; Thomas and Bretz, 1994; Taylor, Tracy, Renard, Harrison, and Carroll, 1995). So PAS are affirmed and as an elementary component of organizational human resource management (HRM) function (Dulebohn and Ferris, 1999).

Few decades back, the procedure of performance appraisal framework was one of the well thought-out procedure in which the line managers had a typical and usual schedule of assessing their subordinates performance once in a year. Yet, since then the specific acknowledgment of HR as an imperative resource of an association and due to the different improvements which were consolidated in the working society made this procedure as a necessary and unavoidable component in the authoritative setting (Fletcher, 2001). The procedure of performance appraisal is an old fashioned idea of mid twentieth century set up by Taylor's Time and Motion contemplates and was given a recommended acknowledgment at the time of Second World War (Archer North, 2010).

It is the process at disposal for the organizations by means of which the employee's performance came into edge of reference and is evaluated in like manner (Noe, Hollenbeck, Gerhart and Wright, 2006). This procedure isn't finished here, Infact different analysts added some more points to this definition like Mathis and Jackson (2005) uncovered in their exploration work that the individual performance of an employee ought to be contrasted with the already set standards in order to get a thought that where they stand on performance scale. Performance evaluation isn't just used to gauge and assess the employee's performance however it helps other HR practices as well in their implementation like for developmental wages and salaries, promotion choices, employee's T&D needs, performance feedback, and discovering employee qualities and shortcomings (Mathis and Jackson, 2005; Noe, et al. 2006).h1

2.PAS ERRORS AND ITS EXISTENCE

In conduction and implementation of employee's performance appraisal process, different purposeful and accidental mistakes are submitted either by the rating official or occur as an ordinary procedural blunder. Some of the common performance appraisal errors are as follows:

- Leniency error
- Severity error
- Central tendency error
- Halo error
- Horn error
- Recency error
- Spillover effect
- Status effect
- Stereotype
- Projection

The definitions of the above stated PA errors are as follows:

Leniency error: when the rating official rates the subordinates (rates) execution considerably more than he/she really be deserving of and rates them in a forgiving setting, the rater is said to have committed leniency error in the appraisal process.

Severity error: when the rater gives substandard ratings to the subordinates i.e. much lower than what they exactly deserve as per their actual performance, severity error is committed on part of the appraiser which is contrary to leniency error.

Central tendency error: when the rating official dodge in giving outrageous high or low appraisals to the subordinates and rates them nearly in center of the rating scale to maintain a strategic distance from pointless clarifications or debates then the rater has said to commit central tendency error.

Halo error: when almost all the employees receive equal and indistinguishable performance ratings then the rater has committed halo error in appraising the subordinate's performance (Nathan et al, 1992).

Horn error: in horn error which is reverse of halo error, the rater thinks about one shortcoming or deficiency of the subordinate and sums up the entire rating process as negative since he/she had on an entire skeptical thought of the ratee.

Primacy and Recency error: when the rater rates the employees performance on the basis of his/her impression at the time of induction or premature juncture of the review period, then its called primacy error. But in contrast, when the rater considers the concluding period of review process to get an impression of his/her performance and rates the employee accordingly the rater is said to have committed recency error.

Spillover effect: When the rating personnel permits the past performance of an employee and rates his/her current performance on the basis of prior performance impression which may or may not be same, then the rater commits spillover error.

Status error: Since there are some employees whose performance is under review are holding lofty job profile and status are bestowed with higher ratings and the employees of lower rank are given lowered ratings, then the rating officers have committed status error while appraising their performance.

Stereotype: when the rater takes a wide view and rates the entire part of workers having a place with a certain class, gender or race as same.

Projection: when the rater attempts to discover his/her identical representation in the subordinates. In this sort of error, if an employee has same characteristics as possessed by the rater, at that point he/she gets higher score and the other way around.

Longnecker (1987) has researched intensively to find out the widespread cause for misrepresentation of performance appraisal ratings, shown in a tabulated format as follows:

RATIONALE FOR INFLATED RATINGS	
1	To increase the merit standard of an employee and of respective department as well, predominantly when the exact performance and merit norm is very low to showcase that everything is going perfectly.
2	To guard and persuade an employee who has not performed so well in the period under review mainly because of the individual crisis.
3	To evade the negative impression about the performance of employee/supervisor/unit functioning and progress.
4	To shun the negative performance related remarks given to the employee who may become part of his/her enduring departmental testimony.
5	To avoid a disagreement with an employee.
6	To encourage and recompense an employee who has still exposed some enhancement in performance, yet even if performance is still not so high.

RATIONALE FOR DEFLATING RATINGS	
1	To fright an employee so that he/she can back onto an advanced performance pathway.
2	To instruct a disobedient employee an example about who is the boss.
3	To propel a strong message to an employee that he/she should think about departure from the organization.
4	To fabricate a well planned written testimony of meager performance so that employee can be fired.

But whatsoever the reasons of committing performance appraisal error may be, it still and always creates an environment of dis-trust in the minds of an employee regarding the fair conduction of performance appraisal system.

3.REVIEW OF LITERATURE:

In the Healthcare associations, Performance appraisal system assumes an essential place to ensure that the worth of care is accomplished. The said process utilizes techniques to supply with the requisite information vital to conclude whether the employees are up to the mark and in tuned with the performance standards already fixed by the organizations or not (Huber, 2006).

These days, the predominant hierarchical progressive systems are very persuaded about the way that the workers are the most basic asset and are the main premise in achieving objectives and targets of the associations. In radiance of the employee’s performance appraisal, propelling the staff worth and effectiveness is the only way (Torabi and Sutodeh, 2010). In any case, the process of performance appraisal doesn't generally harvest great outcomes. The mistakes/errors committed by the appraisers in the conduction and execution of PA process makes the entire procedure useless, unfair and ambiguous (Giangreco et al, 2012).

Bretzn et al (1992) explored broadly with respect to PA errors and its impact on precision of evaluations. The majority of the research work led in this particular zone is worried in investigating and surveying practices in determining halo effect in the appraisal procedure (pulakos, Schmitt and Ostroff, 1986; Feldman, 1986). Murphy and Balzer (1986) reported that the halo effect was related with more noteworthy exactness and estimated that this might be because of arrangement schemes that accurately group the applicable conduct data and wipe out the clamor. Nathan and Tippins (1990) also depicted that there is an idealistic relationship between halo error and rating accuracy. Becker and Cardy (1986) contended that the connection among halo error and accuracy was equivocal.

Murphy and Balzer (1989) investigated in a similar respect and exhibited that the relationship existing between rating mistakes and accuracy was practically equivalent to zero so reasoned that the blunder/error measures were not predominant pointers of rating precision. Since most performance is Multi-dimensional, some relationship between performance dimensions is expected. In this way, raters with enormous watched connections may, indeed, be precisely appraising performance rather than committing halo error. The equivocalness of the relationship might be because of various conceptualizations of exactness or accuracy.

4.METHODOLOGY:

- **Procedure:** For the present research study, data was collected by means of structured questionnaire distributed among the Healthcare employee’s (both medical and Para-medical staff) working in two Public super-specialty hospitals in district Srinagar, Jammu and Kashmir, whose performance are normally appraised on yearly basis. For data collection purposes, we have distributed questionnaires personally to the employees along with the covering letter showcasing purpose of the study and the assurance that their identity and responses will be kept completely confidential.
- **Participants:** The questionnaire was distributed among 131 medical and Para-medical staff working in SKIMS and SMHS Srinagar out of which 129 questionnaires were eligible and complete enough for further usage with the response rate of 95 percent. There were 84 males and 47 were females. As far as age demographics of the respondents were concerned, majority of the respondents, 94 were in the age groups of 36-45 years whereas talking about the working experience, most of them i.e. 84 had departmental working

experience of 5-10 years. If we talk about the type of employee, then it was found that majority of the respondents, 89 were Para-medical staff and 40 were medical employees.

- **Measure (PA Errors):** Employee's perceptions regarding the existence of PAS errors in its process implementation were measured by means of a scale which was majorly adopted from Thurston (2001). Certain modifications were done to the scale so as to fit the requirements of the present research study. PAS errors were measured with five-point Likert scale consisting of various items pertained to the errors committed by the raters in rating their subordinates. Some of them included in the questionnaire were as follows:
 1. My rater rates a single strength for determining overall ratings (**Horn error**).
 2. My rater rates a single weakness for determining overall ratings (**Pitch error**).
 3. My rater bias performance by evaluating last few weeks rather than entire evaluation period (**Recency error**).
 4. My rater gives higher rating to every employee in the organization (**Halo error**).
 5. My rater bias performance by evaluating last few weeks rather than entire evaluation period (**Central tendency error**).

Except the demographic variables, other items were measured on five-point Likert scale.

S.NO	RATING	RATING INDICES	EQUIVALENT SCORE
1	NOT AT ALL TRUE	(1)	0%
2	RARELY TRUE	(2)	25%
3	SOMETIMES TRUE	(3)	50%
4	MOSTLY TRUE	(4)	75%
5	ALMOST ALWAYS TRUE	(5)	100%

A rating 5 indicates that the statement is almost always true with your Organization bearing a 100 percent score, a rating of 4 denotes that statement is mostly true with 75 percent score, rating of 3 indicates that statement is sometimes true with 50 percent score, a rating of 2 denotes that the statement is rarely true with score 25 percent and the rating of 1 indicates that the statement is not at all true about your organization with 0 percent score.

A mean score of around 5 is indicative of existent of performance appraisal errors in the conduction and implementation of the PA process of Healthcare Medical and Para-Medical staff being conducted in their Organization at a desirable level. In order to make the interpretation easier, the mean scores were converted into percentage score using the formula (Rao, 1991).

Percentage Score= (Mean Score -1) 25

This has been done on the assumption that a score of 1 represents Zero percent, a score of 2 represents 25 percent, score of 3 represents 50 percent, and Score of 4 represents 75 percent and a score of 5 represents 100 percent.

5.RESULTS:

SPSS (statistical package for social sciences) Version 17 is utilized for the current research work for deciding the legitimacy and unwavering quality of the scale and further factor investigation was finished by analyst with the goal that all things of the scale ought to be consolidated into single factor along these lines 0.50 least factor stacking was set up which was regularly over the predetermined range. For dependability, all things displayed great interior consistency Cronbach's Alpha was more than 0.89.

The overall score for each of the P.A error is shown in Table1 as follows,

Variable	N	Mean	SD
Horn error	129	1.13	.43
Pitch error	129	1.10	.34
Recency error	129	1.0	.34
Halo error	129	1.14	.48
Central tendency error	129	1.1	.30
Overall score	129	1.1	.30

6.DISCUSSION:

The results of the current examination study uncovered that the employee's of the chosen public super-specialty hospitals of district Srinagar namely Skims and Smhs have demonstrated their concession to scale estimating employee's perception of performance appraisal system errors in their organizations. The general score of the things on each scale ran between mean score 1.0 to 1.14 which was grouped into "true" category with respect to the statements. In this manner, by such methods we can infer that representatives/employees saw the PAS mistakes/errors in its conduction and usage process while their performance is being assessed by their chief/heads.

7.SCOPE FOR FUTURE RESEARCH:

As there is shortage of exploration studies on PAS errors of Healthcare workers, we propose the future examination ought to look at this subject on different areas with sharp core interest. Moreover, different factors could be added to the exploration line to discover the relationship among the components and PAS mistakes/errors. Rating organization could likewise be utilized as a radar point/center for further research.

8.CONCLUSION:

The current research study has highlighted the prevalence of PAS errors in public health organizations. Assigning rating based on a single strength, single weakness, recent performance, overall high rating, and overall low rating is a matter of concern as far as fairness of the PAS conduction is concerned. The present study was conducted with a narrow scope of just 2 Public super-specialty hospitals but it still tinted important aspects related to errors committed by appraisers in conducting and implementing PAS. The higher authority should resume the complete process of it and contribute imperative changes in order to annihilate the mistakes committed in PAS conduction with the goal that workers see the entire framework as reasonable and straightforward to teach proficient PAS in Healthcare associations of India.

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