


Exploring the Gap Between Anonymous and Non-Anonymous Performance Evaluation Scores Among Health Sector Employees

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Abstract

Objectives: This study aims to determine the consistency between similar measurements performed within or beyond the knowledge of staff during performance evaluation in the health sector.

Materials and Methods: This study was conducted at a university hospital. The performance forms being known by the employee and the supervisor is called “mutual knowledge of results.” Initially, general performance forms were asked to be completed by all employees in and the results would be known mutually. Among the selected subgroup of employees, the performance forms were asked to be completed again within two months after the completion of the initial forms only within the knowledge of the supervisor. The differences between the mutual knowledge of results and results only known to supervisor were analyzed.

Findings: Performance form completed as mutual knowledge of results were available for 3476 individuals. 683 (19.6%) had a repeated questionnaire completed that only supervisors would see. In the first evaluation, the great majority of the employees had an A score. Changes that may be considered important occurred in certain topics (critical approach). While the variations between evaluations were more prominent in some groups (health technician), they were much less in other groups (nursing).


Conclusion: This study investigated the effect of the healthcare employees knowing or not knowing the results of performance evaluation on the outcomes of the evaluation. It is observed that the evaluations are far from the actual situation in some areas (such as critical approach, problem solving) when the performance survey is known and signed by the supervisor and the employee.

Keywords: *health services administration, health care quality, access and evaluation.*

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Özgün araştırma

Sağlık Sektörü Çalışanları Arasında Anonim ve Anonim Olmayan Performans Değerlendirme Skorları Arasındaki Farkın Keşfedilmesi

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Özet

Amaç: Bu çalışma, kamuda sağlık sektöründe performans değerlendirmenin personelin bilgisi dahilinde ve bilgisi dışında yapılan benzer ölçümler arasındaki tutarlılığı belirlemeyi amaçlamaktadır.

Gereç ve Yöntem: Bu çalışma bir üniversite hastanesinde yürütülmüştür. Performans formlarının çalışanların ve değerlendiricilerin bilgisi dahilinde olması "sonuçların karşılıklı olarak bilinmesi" olarak isimlendirilmiştir. İlk önce genel performans formları tüm çalışanlarda doldurulmuştur. Seçilmiş bir grupta iki ay içerisinde, yalnızca değerlendiricinin bilgisi dahilinde aynı çalışan tekrar değerlendirilmiştir. Sonuçlara ilişkin karşılıklı bilgi ile yalnızca amirlerin sonuçlara ilişkin bilgiyi içeren formlar arasındaki farklar analiz edilmiştir.

Bulgular: 3476 kişi için sonuçların karşılıklı olarak bilindiği performans formları mevcuttu. Bu formların 683'ü (%19,6) sonuçları yalnızca amirlerin göreceği şekilde yeniden doldurulmuştur. İlk performans anketinde, çalışanların büyük çoğunluğu A puanına sahipti. Bazı konularda önemli sayılabilecek değişiklikler meydana geldi (eleştirel yaklaşım). Değerlendirmeler arası değişim bazı gruplarda (sağlık teknisyeni) daha belirgin iken, diğer gruplarda (hemşirelik) çok daha azdır.

Sonuç: Bu çalışmada sağlık çalışanının performans değerlendirme sonuçlarını bilmesi veya bilmemesinin değerlendirme sonuçları üzerindeki etkisi araştırılmıştır. Performans formunun yönetici ve çalışan tarafından bilinip imzalanması durumunda bazı alanlarda (eleştirel yaklaşım, problem çözme gibi) değerlendirmelerin gerçek durumdan uzak olduğu görülmektedir.

Anahtar kelimeler: sağlık hizmetleri yönetimi, sağlık hizmetlerinin kalitesi, erişim ve değerlendirme.

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Introduction

As of the second half of the 20th century, the standard management mentality in public enterprises has lost its actuality and been replaced by the “New Public Management” mentality as the latest paradigm change (Lane, 2000; Leblebici et al., 2001). This mentality prioritizes the necessity of measurement of the performances of enterprises and their services, as well as a performance-based human resources approach (Arslan, 2010; Karcı, 2008; Pollitt, 2007). Evaluation of individual performance in the public has emerged as a requirement of the legal system and with quality-oriented approaches in Türkiye. Provisions regarding the supervision function and responsibility of administration are included in the Constitution and Public Servants Law, and a systematic evaluation has been considered necessary since the administrations are deemed responsible when public officials harm individuals during the delivery of health care service (Constitution of the Republic of Türkiye, article 129, 1982; Law No. 657, article 13, 1965).

In Türkiye, the duties and conduct of officials serving in the state organization have been recorded in registers called "Sicil-i Ahval," which also contain information about their moral character and performance since the Ottoman Empire period. (Efe, 2013). During the Republican era, the registry of personnel records was regulated in Law No. 657 for State Officials. Under this law, the evaluation of employees was carried out by their superiors, and no feedback was provided to the employees. However, due to the legal issues arising from this one-sided evaluation in judicial oversight, the registry of personnel records in Law No. 657 was abolished in 2011 (Özkal Sayan & Güneşer Demirci, 2018). On December 26, 2007, the Public Internal Control Standard Communiqué was published in the Official Gazette, and in item 3.6 of this communiqué, it was stipulated that performance evaluations must be conducted at least once a year. Employees who are assessed as having inadequate performance are required to receive necessary measures for improvement (Erbaş & Kutlu, 2020).

One of the earliest examples of performance evaluations in the public sector was in healthcare institutions. Undoubtedly, healthcare services are considered one of the oldest and most essential public services provided by the administration, and their importance is beyond dispute. Healthcare services have become so intertwined with the administration and the state that any malfunction or inefficiency in this sector can lead to the government's failure to function properly and fulfill its duties. Specifically, measuring the performance of doctors and providing them with incentives based on their performance, such as a share from the performance-related payment system, is one of the unique examples (Çalışkan, 2020).

Participation in national/international accreditation programs is optional for public health institutions in Türkiye. Generally, some organizations implement it to standardize services and increase efficiency. The Performance evaluation process is one of the most important elements of international accreditation programs, and Hacettepe University Hospitals have been regularly audited by (Joint Commission International [JCI]) since 2007. JCI has specific international criteria that need to be met in the area of performance evaluation. One of these criteria involves evaluating employees using a standardized form that includes both general and job-specific performance aspects. During this evaluation process, it is essential that the results are known to the superiors and that feedback is provided to the employees, with both parties signing the form as a minimum requirement. This system differs significantly from the privacy principles applied in the abolished personnel record system under Law No. 657, where superiors evaluated employees without providing feedback. Although the Public Internal Control Standard communiqué mentions the necessity of conducting performance evaluations annually, it does not provide specific guidance on how to carry them out.

In institutions, every occupational group's level of fulfillment of duties, authorities, and responsibilities is constantly evaluated by the managers through observation. The number of staff to be employed under supervision and audit is decisive to precisely and efficiently carry out performance evaluation procedures. Difficulty in establishing close communication with numerous employees due to largeness and increased conflict may cause difficulties in maintaining objectivity (Arnold & Pulich, 2003; Barrett, 2002). This study discusses whether an evaluation without conflict of interest is possible with the manager's being impartial while evaluating the employee's performance.

Performance is a noticeable concept in work, sports, or any activity. However, its corresponding term is somewhat ambiguous. One of the most significant probable reasons for this ambiguity lies in the variability of the second term, such as performance management, performance evaluation, and performance measurement, beyond the word "performance," leading to different interpretations among individuals. In the business literature, it is considered in connection with measurement, evaluation, and management topics. Various concepts come together under the umbrella of performance, pointing towards a common understanding, ultimately revolving around the term "performance." Despite the emergence of this common term, there may still be similarities among the concepts; however, in practice, measurement, evaluation, and management are conducted separately. The all-encompassing nature and excessive popularity of the term "performance" allow numerous expressions to fall under this category, overshadowing objective usage (Folan et al., 2007). Looking at these definitions, it

becomes evident that performance is evaluated both at an individual and organizational level, comparing the expected output of the work within a specific timeframe with the expectations.

In the public sector, this evaluation is mainly associated with public financial management. Therefore, research has focused on the effective, efficient, and economical utilization of public resources, aiming to achieve transparency and accountability. The level of achieving the institution's strategic objectives and goals is sought to be understood through performance evaluation. Based on the results, areas that require improvement are identified, and resources are allocated appropriately, leading to new planning efforts (Yenice, 2006). In the provision of healthcare services, technological elements, and economic factors in order to ensure the continuity of healthcare providers in a competitive environment, recognizing the significance and requirements of human resources play a vital role in achieving organizational success and efficiency (Seyhan & Sivuk, 2021).

Performance evaluation involves individuals within organizations contemplating and bringing information together about the job performance and efficiency of employees individually. The data is utilized to give subjective opinions and evaluate judgments on the performance of these individuals. "Subjective" does not necessarily mean bias or inaccuracy; rather, it suggests that these judgments cannot be externally verified objectively. However, this lack of external verifiability makes job performance evaluations vulnerable to ambiguity and difficulty. Despite considerable investments in time and effort, most medium to large organizations, both in the private and public sectors, continue to conduct formal programs to measure employee performance. For instance, a survey conducted by Mercer (2013) across more than 1000 organizations in over 50 countries revealed that almost all of the organizations determine goals individually (95%) and manage consultations for formal end-of-year evaluations (94%). Additionally, Mercer (2013) reported that a significant portion of organizations link the ratings of individuals to compensation decisions (89%). Subsequent to performance evaluations, employees receive performance feedback, and the results of these assessments advise the decisions concerning rewards, such as salary increases and promotions, as well as sanctions like layoffs or terminations. Public and private organizations have apparent discreteness in terms of possession, authorization, prioritization of goals, and financial resources. For instance, the private sector emphasizes financial aspects, while the public sector takes societal relevance into account (Van Helden & Reichard, 2016).

Accommodating employees with precious performance feedback is one of the primary bases for improving performance appraisal and management systems. However, both employees and supervisors often dread giving and receiving feedback, respectively. In fact, the

worth of feedback is not intensely backed up by the literature (Adler et al., 2016). A comprehensive review of studies on the impacts of feedback conducted by Kluger and DeNisi (1996) found that feedback leads to performance advancements in approximately one-third of the studies, but it results in performance decreases in similar number of studies.

In evaluating job performance, subjective judgments from supervisors, peers, or other sources assessing specific employees play a significant role (Prendergast & Topel, 1993). delved into the realm of subjective performance evaluation and systematic biases within organizations. The study presented various studies providing evidence of potential biases in performance evaluation. The biases of supervisors towards employees were examined, and it was also noted that, in general, evaluations tend to yield higher scores than the actual performance exhibited by employees. This phenomenon was attributed to the personal relationships between supervisors and employees and the cost associated with providing negative feedback on poor performance. It was emphasized that the ultimate purpose of performance evaluation results also influences its effectiveness, depending on whether it serves promotion, compensation, or other aspects.

This study aims to determine the consistency between similar measurements performed within or beyond the knowledge of staff during performance evaluation in the public health sector. For this purpose, answers to the following questions are sought; “effects of the employee’s being aware of individual performance evaluation on the outcomes”, “potential factors that cause inconsistency between individual performance evaluations, if any”, “in what way the recommended performance evaluation system in the institutions that deliver health service should be fictionalized?”.

Materials and Methods

Study Population

This study was conducted between November 2020 and January 2021 in a university hospital with 5453 employees. This university hospital includes Adults Hospital, Children’s Hospital, and Oncology Hospital. Employees that have been enrolled in this study give service in four different “service groups”, which include health services, assisted services, administrative services, and technical services. In accordance with JCI standards, academic staff are evaluated on a "competence-based" basis with indicators related to their fields of expertise. The performance evaluation system mentioned in this study covers other health professionals. 3476 non-physician personnel with at least 6 months of experience were included in the study.

The directorates where the employees are working include nursing services, polyclinic services, household services, inpatient services, laboratories, radiation fields, operating theaters, kitchens, administrative offices, intensive care units, emergency rooms, technical units, and hospital directorates.

Demographic Characteristics

Personnel included in the study are grouped into four different occupational groups: health services personnel (nurse and health technician), support personnel (patient servant polyclinic/clinic, cleaning staff, waiter, assisted servant, cooker), office personnel (secretary, officer, computer operator), and other healthcare personnel (health physician, psychologist, physiotherapist, dietitian, social worker, child development specialist, activity teacher).

The employee's age, sex, duration of employment, type of employment (permanent, contractual, worker), obligation to keep records (yes/no), and contact with patient (yes/no) were recorded. Ethics committee approval was obtained from the Ethics Committee of Hacettepe University with the decision dated 23/11/2021 and numbered 1887843 in order to conduct the study. This study complies with scientific research and publication ethics.

Performance Survey Forms

Two different types of questionnaires are applied to evaluate the performances of the employees at the university Hospitals. Questionnaires are grouped under two general headings: "General Evaluation Form" and "Work-specific Evaluation Form". The General Evaluation Form was established in 2007 by the university hospital Management. Since then, it has been applied to the employees every year. The work-specific evaluation forms have been applied since 2011. However, at these university hospitals, performance evaluations have been conducted for approximately 15 years, and they have proven to be an important and valuable experience, with the involvement and approval of the employees. This study will also focus on the outcomes of these experiences.

The General Evaluation Form includes questions assessing the general status and behaviors of all employees. This form consists of 19 questions. These questions are scored according to the Likert scale. Accordingly, the scores are defined as following: A (10 points), B (5 points), C (0 point), D (-5 points) and E (-10 points). The General Evaluation Form was included in the analysis as it is applied to all employees in a similar way.

The general evaluation questionnaire and the number of questions is as follows:

- 1) Acting with a sense of responsibility towards work
- 2) Paying strict attention to working hours
- 3) Paying attention to self-appearance

- 4) Timely and completely performing the assigned task
- 5) Communication with colleagues and other hospital staff
- 6) Being open to self-development
- 7) Being open to criticism
- 8) Identifying the problems around through observation and developing recommendations for solution
- 9) Being articulate in terms of verbal and written communication
- 10) Being honest
- 11) Being prone to teamwork
- 12) Taking care of and not harming institutional assets
- 13) Paying attention to self-hygiene
- 14) Being able to take initiative when necessary
- 15) Having the knowledge and skills required for the job
- 16) Ability to keep correct and adequate records
- 17) Communication with patients and patient relatives
- 18) Paying attention to patient privacy
- 19) Treating all patients and patient relatives equally without socioeconomic, racial, religious, or sexual discrimination

Repetition of The Survey Forms and Its Significance

These university hospitals have been accredited since 2007 by the JCI Institution. In accordance with accreditation standards, a performance evaluation system is carried out under the topic of qualification and education of employees. After the 2011 supervision, JCI international accreditation has recommended work-specific evaluations and stated that evaluations need to be opened for the approval of employees. As of that date, this rule is followed in performance survey forms. Accordingly, performance forms are completed by the employee's supervisor, and the results of the questionnaire are seen by the employee and approved by both the supervisor and the employee.

The performance forms being known by the employee and the supervisor is called "mutual knowledge of results." Specific to this study, performance survey forms were asked to be completed by all employees in the way the results would be known mutually. In 19.6% of the overall study population, the performance forms were asked to be completed again within two months after the completion of the initial forms. However, this second questionnaire was provided to be known by the employee's supervisor alone, with the employee not having

knowledge about the evaluation. This group was called as “only supervisor’s knowledge of results”.

The differences between the mutual knowledge of results (form 1) and only supervisor’s knowledge of results (form 2) questionnaires were analyzed, and it was considered a “significant change” in the presence of the following differences:

- Specific to each question, presence of an “improvement” between form 1 and form 2 (For example, if Question 5 gets B in form 1 and A in form 2). This improvement was defined as one-unit improvement, two-unit improvement.
- Specific to each question, presence of a “worsening” between form 1 and form 2 (For example, if Question 3 gets A in form 1 and C in form 2). This worsening was defined as one-unit, two-unit, and three-unit worsening.
- Determination of a result other than A score in the second form of the employees who got a full A score in the first form was defined as the “loss of A score”.

Specific to each question, the meaning of changes between the forms were identified. A worsening of 15% or higher between the two forms was defined as a significant worsening.

Statistical Analysis

Analysis of data was done using SPSS software version 21 (SPSS, Inc., Chicago, IL). Categorical variables are given as number of cases or percentages. Mean \pm standard deviation and median values (minimum-maximum) were used for continuous variables. The Chi-squared test was used to compare two categorical variables. For continuous variables, a nonparametric Mann-Whitney U test was performed. The statistical significance level has been considered as $p < 0.05$.

Results

Study Population

Of the overall employees, 3476 had a performance form completed as mutual knowledge of results (first form) and 683 (19.6%) had a repeated questionnaire completed as only supervisor’s knowledge of results (second form). Employees have most commonly been working at the Adults Hospital (62.7%), were in the health service class (52.4%), and were permanent employees (58.3%), and working for the directorate of Household Service (26.6%), followed by Nursing Services (18.8%) and Polyclinic services (17.2%).

There were differences between the employees for whom the questionnaire was completed for once vs. for twice in terms of the hospital they were working at, employee's level of service and the type of employment (Table 1).

Table 1 *Characteristics of Overall Employees Undergoing Performance Evaluation and the Employees Undergoing Second Evaluation*

Employee's general characteristics		Overall employees undergoing performance evaluation (n=3476)	Employees undergoing performance evaluation once (n=2793) n (%)	Employees undergoing performance evaluation for the second time (n=683)	p
Hospital where the Employee Works	Adults' hospital	2179 (62.7)	1720 (61.5)	459 (67.2)	<0.001
	Children's hospital	587 (16.9)	482 (17.2)	105 (15.3)	
	Oncology Hospital	362 (10.4)	275 (9.8)	87 (12.7)	
	All hospitals	348 (10.0)	316 (11.3)	32 (4.6)	
Employee's Service Class	Health Services	1822 (52.4)	1447 (51.8)	375 (54.9)	<0.001
	Assisted Services	1016 (29.2)	840 (30.0)	176 (25.8)	
	Administrative Services and Management	588 (16.9)	454 (16.2)	130 (19.0)	
	Technical Services	50 (1.4)	48 (1.7)	2 (0.2)	
Type of Employment	Permanent 657-4A	2027 (58.3)	1700 (60.8)	327 (47.8)	<0.001
	Worker 4857 SK	964 (27.7)	774 (27.7)	190 (27.8)	
	Contractual 657-4B	484 (13.9)	319 (11.4)	166 (24.3)	
Directorates where the Employee Works	Household Services	924 (26.6)			
	Adults Hospital Nursing Services	654 (18.8)			
	Policlinic Services	599 (17.2)			
	Inpatient Services	267 (7.7)			
	Laboratory	229 (6.6)			
	Radiation Field	220 (6.3)			
	Operating Theater	178 (5.1)			
	Kitchen	81 (2.3)			
	Working Capital	75 (2.1)			
	Administrative Offices	59 (1.7)			
	Intensive Care Unit	46 (1.3)			
	Emergency Room	44 (1.3)			
	Archive Directorate	37 (1.1)			
	Printing House Directorate	24 (0.7)			
	Information and Data Processing Directorate	12 (0.3)			
	International Patient Coordinator	6 (0.2)			
Children's Hospital Directorate	8 (0.2)				
Obligation to keep records	Yes	3287 (94.6)	2627 (94.0)	660 (96.6)	0.008
Contact with Patient	Yes	3175 (91.3)	2499 (89.4)	676 (98.9)	<0.001

Distribution of the Questions with the Results Showing a Change Between the Performance Evaluation Forms

The distribution of the scores in the first and second performance questionnaires is demonstrated in Table 2. In the first performance questionnaire, the great majority of the employees had an A score, most frequently (94.2%) for question 19 (treating the patients and patient relatives equally without discriminating), and least frequently (85.9%) for question 7 (being open to criticism). For the employees who had an A score in the second questionnaire, the changes, and improvement and worsening at the unit base are demonstrated in Tables 2 and 3. Accordingly, the percentage of the employees who had worsening and at least one-unit worsening in the A score and related questions are as follows:

- Question 7: Being open to criticism; a change in full A score in 22.0%, ≥ 1 -unit worsening in 30.6%
- Question 8: Identifying the problems around through observation and developing recommendations for a solution; a change in full A score in 21.9%, ≥ 1 -unit worsening in 28.7%
- Question 6: Being open to self-development; a change in full A score in 20.7%, ≥ 1 -unit worsening in 26.3%
- Question 14: Taking initiative when necessary; a change in full A score in 16.8%, ≥ 1 -unit worsening in $< 15\%$
- Question 2: Paying strict attention to working hours; a change in full A score in 15.5%, ≥ 1 -unit worsening in 21.6%
- Question 5: Communication with colleagues and other hospital staff; a change in full A score in 15.0%, ≥ 1 -unit worsening in 20.8%
- Question 1: Acting with a sense of responsibility towards work; a change in full A score in $< 15.0\%$, ≥ 1 -unit worsening in 15.2%
- Question 11: Being prone to team work; a change in full A score in $< 15.0\%$, ≥ 1 -unit worsening in 15.4%

Table 2 *Distribution of Employees' First and Second Performance Form Scores and the Changes in Score A (N=683)*

Questions (Q)	Score A (%)			Score B (%)		Score C (%)		Score D (%)		Score E (%)	
	Q 1	Q 2	% Δ	Q1	Q 2	Q 1	Q 2	Q1	Q2	Q1	Q2
1	92.2	82.3	9.9	6.7	15.0	0.9	2.2	0.1	0.4	0	0
2	89.5	74.0	15.5	9.7	21.2	0.9	4.0	0	0.7	0	0.1
3	89.3	80.9	8.4	10.4	15.0	0.3	3.3	0	0.7	0	0.1
4	91.1	80.7	10.4	7.8	15.0	1.2	3.7	0	0.6	0	0
5	89.0	74.0	15.0	10.2	21.4	0.7	3.7	0	0.9	0	0
6	89.2	68.5	20.7	9.7	23.1	1.2	8.0	0	0.3	0	0
7	85.9	63.9	22.0	13.0	27.4	1.0	7.4	0	1.0	0	0.1
8	86.6	64.7	21.9	12.3	27.7	1.0	6.4	0	1.2	0	0
9	88.1	73.6	14.5	11.0	21.8	0.9	4.2	0	0.4	0	0
10	93.3	88.0	5.3	6.3	9.3	0.4	2.4	0	0.3	0	0
11	91.2	81.4	9.8	8.3	14.4	0.4	3.4	0	0.7	0	0
12	93.4	91.4	3.0	6.3	6.4	0.3	1.8	0	0.4	0	0
13	93.9	89.6	4.3	5.9	8.6	0.3	1.6	0	0.1	0	0
14	88.4	71.6	16.8	10.4	22.3	1.2	5.5	0	0.6	0	0
15	92.2	84.3	7.9	7.0	13.3	0.7	2.1	0	0.3	0	0
16	90.0	85.1	4.9	9.0	12.3	1.1	2.5	0	0.2	0	0
17	91.7	87.5	4.2	7.5	10.5	0.9	1.7	0	0.3	0	0
18	94.2	94.5	0.3	5.5	5.2	0.3	0.3	0	0	0	0
19	94.6	95.1	0.5	5.3	4.4	0.1	0.5	0	0	0	0

Table 3 *Number and Percentage of Employees That Worsen, Improve and Unchanged Between Two Performance Forms*

Question (n)	Employees with no change n (%)	Distribution of employees with <i>worsening</i> between two evaluations n (%)			Distribution of employees with <i>improvement</i> between two evaluations n (%)		
		0 unit	≥1 unit	1 unit	≥2 units	≥1 unit	1 unit
1 (674)	535 (79.4)	102 (15.2)	88 (13.1)	14 (2.1)	37 (5.5)	35 (5.2)	2 (0.3)
2 (674)	490 (72.7)	146 (21.6)	121 (18.0)	25 (3.6)	38 (5.6)	37 (5.5)	1 (0.1)
3 (674)	535 (79.4)	99 (14.6)	76 (11.3)	23 (3.3)	49 (5.9)	40 (5.9)	0
4 (672)	524 (78.0)	109 (16.1)	85 (12.6)	24 (3.5)	39 (5.8)	36 (5.4)	3 (0.4)
5 (673)	490 (72.8)	140 (20.8)	117 (17.4)	23 (3.4)	43 (6.3)	42 (6.2)	1 (0.1)
6 (674)	466 (69.1)	177 (26.3)	134 (19.9)	43 (6.4)	31 (4.6)	28 (4.2)	3 (0.4)
7 (674)	422 (62.6)	207 (30.6)	168 (24.9)	39 (5.7)	45 (6.7)	45 (6.7)	0
8 (672)	436 (64.9)	193 (28.7)	150 (22.3)	43 (6.4)	43 (6.4)	41 (6.1)	2 (0.3)
9 (674)	499 (74.0)	138 (20.5)	114 (16.9)	24 (3.6)	37 (5.5)	37 (5.5)	0
10 (674)	577 (85.6)	68 (10.1)	56 (8.3)	12 (1.8)	29 (4.3)	28 (4.2)	1 (0.1)
11 (673)	535 (79.5)	104 (15.4)	83 (12.3)	21 (3.1)	34 (5.1)	34 (5.1)	0
12 (673)	594 (88.3)	56 (6.8)	32 (4.8)	14 (2.0)	33 (4.9)	33 (4.9)	0
13 (673)	594 (88.3)	54 (7.9)	44 (6.5)	10 (1.4)	25 (3.7)	24 (3.6)	1 (0.1)
14 (673)	467 (69.4)	162 (13.8)	125 (18.6)	37 (5.2)	46 (6.8)	43 (6.4)	3 (0.4)
15 (670)	545 (81.3)	89 (13.3)	75 (11.2)	14 (2.1)	36 (5.3)	33 (4.9)	3 (0.4)
16 (644)	528 (82.0)	76 (12.2)	66 (10.6)	10 (1.6)	40 (6.2)	36 (5.6)	4 (0.6)
17 (653)	545 (83.5)	67 (10.2)	57 (8.7)	10 (1.5)	41 (6.3)	38 (5.8)	3 (0.5)
18 (651)	595 (91.1)	28 (4.3)	27 (4.1)	1 (0.2)	30 (4.6)	28 (4.3)	2 (0.3)
19 (652)	597 (1.6)	25 (3.9)	22 (3.4)	3 (0.5)	30 (4.6)	29 (4.4)	1 (0.2)

Factors Associated with at Least One-Unit Worsening in the Performance Questionnaire.

Factors that are associated with at least one-unit worsening between the performance survey forms are demonstrated in Table 4. Specific to all questions, the most significant difference was observed between occupational groups. Among the occupational groups, at least one-unit worsening was most common in health technicians. The most significant worsening in health technicians was encountered in Questions 6, 7, and 8 (Table 4). The nurses were the occupational group with the least worsening (Table 4). Again, for Questions 6, 7, and 8, a difference was also observed between hospitals. Worsening was more common for the Children's Hospital.

Supervisors' Feedback Regarding the Performance Questionnaires

A total of 55/86 (63.9%) supervisors gave feedback. The feedback was about the structure of the questions and the impact of the questionnaire forms. Feedbacks regarding the structure of the questions were as follows: Of the evaluators, 27% stated that additional questions are required and 20% stated that evaluation scale is inappropriate, whereas 82% stated that the forms should be electronic. Answers regarding the impact of the evaluation forms were as follows: Evaluation forms should not be open for the approval of the individual by 42%, evaluation forms should not also be completed by the 360-degree other personnel by 52%, the effect of performance evaluation on the employee's motivation is negative by 11% and no comment by 15%.

Discussion and Conclusion

This study investigated the effect of the employee's knowing or not knowing the results of performance evaluation on the outcomes of performance evaluation in the public. If the employee and the supervisor know the results of the evaluation, in other words, if the evaluation is transparent, it is observed that a substantial proportion of supervisors have given full scores to the employees. In the general evaluation survey, the rate of having Score A was over 90% in almost all questions. On the other hand, when performance evaluation is conducted with only the knowledge of the supervisor, changes that may be considered important occur in some topics (critical approach, responsibility towards work, etc.). While the changes between evaluations were more prominent in some occupational groups (e.g., health technician), they were much lesser in other occupational groups (e.g., nursing). Nearly half of the supervisors who made the evaluation presented an opinion that the performance forms should not be known by the employees.

Table 4 Factors Associated with at Least One-Unit Worsening Between Performance Survey Forms

Employee's general characteristics		Questions							
		GS1 (102)	GS2 (146)	GF5 (140)	GF6 (177)	GFS7 (207)	GFS8 (193)	GFS11 (104)	
Employee's age mean (SD)	Yes	39.4 (9.3)	39.9 (8.7)	38.5 (8.5)	40.5 (8.6)	39.4 (8.5)	39.9 (8.7)	38.9 (8.2)	
	No	38.8 (8.7)	38.5 (8.8)	38.9 (8.9)	38.3 (8.8)	38.6 (8.9)	38.5 (8.8)	38.8 (8.9)	
p		0.51	0.10	0.55	0.003	0.29	0.058	0.88	
Duration of employment mean (SD)	Yes	13.7 (8.5)	13.6 (8.0)	12.8 (7.8)	14.1 (7.7)	13.3 (7.5)	14.2 (7.9)	13.1 (7.2)	
	No	13.5 (8.5)	13.5 (8.7)	13.7 (8.7)	13.3 (8.8)	13.6 (8.9)	13.2 (8.8)	13.5 (8.7)	
p		0.83	0.90	0.26	0.29	0.66	0.17	0.65	
Sex	Female	66 (14.2)	93 (20.1)	90 (19.4)	105 (22.6)	136 (29.3)	124 (26.7)	69 (14.9)	
	Male	36 (17.2)	53 (25.3)	50 (23.9)	72 (34.4)	71 (33.9)	69 (33.3)	35 (16.7)	
p		0.32	0.12	0.19	0.001	0.23	0.84	0.54	
Occupational group	Health Tech.	33 (41.2)	37 (46.2)	33 (41.2)	46 (57.5)	51 (63.7)	52 (65.0)	28 (35.4)	
	Nurse	14 (5.7)	18 (7.3)	31 (12.7)	29 (11.8)	43 (17.6)	33 (13.5)	17 (6.9)	
	Support	30 (17.2)	46 (26.4)	40 (22.9)	55 (31.6)	59 (33.9)	45 (26.0)	32 (18.3)	
	Office	15 (11.6)	32 (24.8)	24 (18.6)	39 (30.2)	35 (27.1)	51 (39.5)	20 (15.5)	
	Other	10 (21.2)	23 (48.9)	12 (25.5)	8 (17.0)	19 (40.4)	12 (25.5)	7 (14.8)	
p		<0.001	<0.001	<0.001	<0.001	<0.001	<0.001	<0.001	
Occupational class	Health Services	58 (15.5)	68 (18.3)	76 (20.4)	85 (22.8)	114 (30.6)	100 (26.9)	53 (14.2)	
	Admin. Services	14 (11.0)	32 (25.2)	24 (31.4)	37 (29.1)	34 (26.7)	48 (37.7)	19 (14.9)	
	Assisted Services	30 (17.1)	46 (26.3)	40 (22.8)	55 (31.4)	59 (33.7)	45 (25.8)	32 (18.2)	
	p		0.32	0.059	0.68	0.075	0.43	0.041	0.47
	Hospitals	Adults	69 (15.1)	93 (20.4)	83 (18.2)	99 (21.7)	121 (26.5)	112 (24.7)	65 (14.3)
Children		17 (16.5)	27 (26.2)	30 (29.1)	46 (44.6)	39 (37.8)	44 (42.7)	20 (19.4)	
Oncology		12 (14.2)	18 (21.4)	18 (21.4)	23 (27.3)	34 (40.4)	23 (27.3)	14 (16.6)	
All		4 (12.5)	8 (25.0)	9 (28.1)	9 (28.1)	13 (40.6)	14 (43.7)	5 (15.6)	
p		0.95	0.60	0.067	<0.001	0.010	0.001	0.62	
Type of employment	Contractual	21 (12.8)	26 (15.9)	34 (20.9)	32 (19.6)	44 (26.9)	41 (25.3)	20 (12.2)	
	Permanent staff	48 (14.8)	69 (21.3)	61 (18.8)	83 (25.6)	99 (30.6)	98 (30.3)	50 (15.5)	
	Worker	33 (17.5)	51 (27.1)	45 (23.9)	62 (32.9)	64 (34.0)	54 (28.8)	34 (18.0)	
p		0.47	0.040	0.39	0.017	0.36	0.51	0.32	

This study includes a detailed public performance evaluation comprising these university hospitals. “How” and by “whom” will the performance evaluation be performed is

important in a university hospital that has begun with the involvement of the JCI, an international accreditation institution, in the process. Basically, The JCI is an American organization (JCI, 2023). Since 1994, JCI has been working together with health organizations, ministries of health, and global organizations in 80 countries. The JCI focuses on the improvement of the quality of health services and the development of safe patient care through accreditation and certification services. For this purpose, the JCI has encouraged the enterprises to develop different performance measures to evaluate their current situations. By this means, as of 2011, the General Evaluation Form and the Work-specific Evaluation Form specific to the performance of healthcare workers are being used in these university Hospitals. Although the results of both forms are included in the present study, only the results of the General Evaluation Form were given as it comprises overall employees. The JCI mediated the establishment of both forms. As per the JCI standards, both the evaluator (supervisor) and the appraisee (employee) are required to know and sign the performance evaluation forms. Despite the fact that the JCI is an international organization and shows activity in 80 countries, it is important to take the cultural conditions specific to each country into account. Although clearness and critical approach are pronounced characteristics in American culture, 360-degree straightforwardness may pose a barrier for the supervisors to evaluate the employees “at the actual level” in our country. In this study, we also aimed to present the situation that would occur when the performance evaluation is not conducted within the knowledge of the employees.

In case the supervisor and the employee know the results of the performance evaluation, a substantial proportion of the employees (85-95%) received full A score almost in all questions. In the second evaluation performed by the same supervisor for the same employee without knowledge of the employee, significant changes occurred in some questions. Regarding 19 questions in the General Evaluation Questionnaire, no significant change has occurred in 11 (58%). No change was observed between two evaluations in terms of treating the patients equally, communication, skills, privacy, honesty and appearance of the employees. On the other hand, the most significant difference was observed in critical approach, responsibility towards work and self-development, generating recommendations for solution, communication with other personnel, and work times. These differences between the two evaluations can be discussed under two main topics. The first is the employee’s responsibility towards work. Supervisors sometimes may face unfavorable reactions when they warn the employees about their responsibilities towards work. This can be more pronounced, notably in the public. The close relationship between performance and salary in private enterprises is lacking in the public.

Among public employees, impairment of the relationship between supervisor and employee for any reason can leave supervisors in difficult positions. This may be more prominent, particularly in some branches. For example, regarding our study universe, the difference between performance evaluations of the health technicians, especially for those working at the operating theater, is blazingly obvious. This may be due either to the characteristics of the job or to the preferences of the supervisors who evaluate. No further investigation has been performed about the reasons of the difference observed in this study. However, maybe in the future, further investigations on the causes of these differences specific to the occupational groups can be performed. For example, specific to nursing, there is no pronounced difference. Why do differences occur in certain occupational groups is the subject of another study? It is an important finding that no difference was observed in terms of the employees' positions. This is, therefore, important for other public enterprises to make such investigations.

The most interesting aspect of the differences between the two performance surveys is the areas of critical approach and problem solution. Although the lexical meaning of criticism indicates an investigation performed to find out both correct and false aspects (Türk Dil Kurumu, [TDK], 2023), in general, it is agreed that criticism indicates negative and failing aspects. The state of being not open to critical approaches in the institutions is explained largely by the concept of the corporate culture. This is also required to be held in a social context; corporate culture is associated with the culture of the society (Schneider & Meyer, 1991; Türkkahraman, 2009). For years, the American management theory has defended the opinion that a manager who is considered "good" will be a good manager in different regions of the world. However, this opinion is changing in the light of knowledge, such as changes in administrative approaches and differentiation of values (Paşa et al., 2001). In Turkish society, an approach where healthy criticism and self-criticism are weak, authority is non-questionable, and an unfavorable label is assigned to the critic, and the person who makes a critique is in question (Gerçik, 2020). As far as it is understood, supervisors fail to give satisfactory feedback to their employees to develop themselves (Bayram, 2006; Murphy, 2020). Each of these areas includes a critical approach regarding the individual's personal characteristics. It is seen that such feedback has not been fully popular and is one of the areas to be developed in our country. According to our results, it is obvious that supervisors have expectations from employees regarding the solutions for work-related problems. For example, although supervisors expect employees to generate recommendations for solutions through observing the problems around them, it is understood that they experience difficulty in explaining this to the employees. This communication problem between supervisor and employee is to be dwelled on for the problems

in the work environment to be solved. Organizational justice in enterprises is associated with failure to establish clear and honest communication between supervisor and employee. Inequality in the performance evaluation system and imbalance in promotion or workload distribution unfavorably affect the perception of organizational justice (Ünlü, 2020). This is a field of interest for hospital management as well.

In the present study, feedback was also received from the supervisors who performed the evaluation. Both the general (19 questions) and work-specific (5-91) evaluation questionnaires are quite comprehensive. Nevertheless, 27% of evaluators stated that additional questions are required. This feedback is critical. Hospital management should receive feedback from evaluators about the structure of performance evaluation questionnaires, and periodic updates should be allowed. In addition, one-fifth of the evaluators stated that the Likert scale used in the questionnaire was inappropriate. Potential alterations to the Likert scale, such as numeric rating scores, should be considered. Consistent with the general outcomes of the present study, about half of the supervisors who performed the evaluation stated that opening the evaluation forms for the approval of employees and evaluation by 360-degree other staff is not convenient. These are very important assessments. Although half of the supervisors express that the current implementation is appropriate, the other half states that it is inappropriate and might unfavorably influence the employees' motivation. In each situation, every employee in the public needs to be evaluated within a certain performance. However, in what way this evaluation is to be done remains a critical question. It is seen that American-style feedback is not able to clearly expose the situation in Turkey. In such evaluations, while the majority receives a full score in visible reality, the actual situation can be far from it. Studies on different evaluation methods are required, particularly for certain questions (criticism, self-development, solution generation) and for certain occupational groups.

This study has some limitations. The employees undergoing the second evaluation do not precisely reflect the whole group. Despite the differences in the hospitals, they are working at as well as the employee's level of service and position, it is important that the performance forms were evaluated for the second time in an acceptable proportion of employees. This study did not dwell on the causes of specific differences between the two performance forms. For example, why the difference is more pronounced in health technicians but not in nurses has not been investigated. The forms used for performance evaluation were established in 2011 under the supervision of the JCI and, as of that time, are being used every year in daily practice. However, the validity and reliability of these forms were not identified while developing these forms. Therefore, further comment on this subject is not available. On the other hand, the fact

that these forms have been used for 10 years by more than 3000 employees each year indicates the importance of performance forms. Finally, this study has been conducted on public employees. The outcomes may be different in the areas where the salary-performance relationship is more prominent in private enterprises. The absence of comparison between the public and private sectors is another limitation of the present study.

In conclusion, in what way the performance evaluation in public should be conducted is a critical question. In addition to the general issues such as the design of evaluation and evaluation questionnaires and the content of questions, whether the performance questionnaires are known by the employee is another issue. In the present study, it is seen that the evaluations are far from the real situation in some areas (such as critical approach, problem solving) when the performance survey is known and signed by the supervisor and the employee. Unless the evaluation results are reflected in working practice, there is a perception that this process is carried out entirely on paper. The design of the evaluation is recommended to identify areas of the system that are open to improvement and to determine the individual contribution to this improvement process. Improving studies are required on how the most appropriate evaluation method for our country would be.

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