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Employee perception about performance appraisal and staff performance effectiveness among private health facilities in Ghana: The moderating role of aligned rewards

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Abstract

This study examined the moderating influence of rewards on the link between workers' perception of performance appraisal and performance effectiveness within Ghana's growing private health organizations. Despite several studies on performance evaluation, rewards, and performance, the moderating effect of rewards in private health facilities has not been studied. The theory of feedback interaction served as the study's theoretical foundation. The study used a quantitative method by employing regression analysis (process macro 4.2 by Andrew Hayes) to analyze responses from 235 sampled participants. The findings revealed a positive relationship between workers' perceptions of performance evaluation and rewards and staff performance effectiveness. Conversely, rewards negatively and partially moderated the correlation between the perception about performance appraisal and performance effectiveness. This study has advanced the theoretical development of performance evaluation and incentives and provided evidence that practitioners and scholars must investigate performance management in the continually expanding private health sector.

Keywords: Performance appraisal, worker perception, staff effectiveness, aligned rewards, private health institutions

1. Introduction**1.1 Background of the study**

Organizational leaders examine HR competency to improve their organizational responsiveness to emerging health concerns (Madlabana, 2014) ^[51] as they seek efficiency, competitiveness, and quality performance (Khauoe, 2015) ^[41] through effective evaluation. Ghana has undergone a paradigm shift in care: many individuals with better access and finances prefer private healthcare institutions, especially in urban and metropolitan areas (Saleh, 2012) ^[66]. As a result, private health facilities often provide more healthcare. However, performance standards have hampered quality care, as many private facilities need to improve their skills (Saleh, 2012) ^[66]. In addition, some performance and feedback standards are undefined, hurting worker performance. Therefore, effective and dedicated employees need performance appraisals (Shweta Maheshwari & Vohra, 2018) ^[70].

Performance appraisal (PA) involves periodic evaluative and assessment methods of work performance by providing workers with feedback, suggesting approaches for job improvement, and establishing new standards and performance targets for the upcoming period (Gupta & Kumar, 2013) ^[31]. Govenderv and Bussin (2020) ^[28] claim that PA is unavoidable and widely used, making any organization that does not monitor or analyze its staff uncompetitive. Again, PA improves employees' performance knowledge and accuracy, aligning recent reports to objectives, employee churn, and job satisfaction (Nor, 2018) ^[58]. However, many believe human prejudice, errors, and injustice hinder PA's effectiveness (Appelbaum *et al.*, 2014) ^[81]. The belief makes people feel unfairly appraised, unhappy with their positions, and wish to slow down or leave the organization since they do not feel appreciated (Amygdalos *et al.*, 2014) ^[9].

Some managers and employees rarely like PA, despite its importance in performance management (Van Dijk & Schodl, 2015) ^[76].

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As firms execute this crucial HR function, the PA system faces many challenges. Some PA procedures remain undocumented (Saad, 2015) [82]. Some institutions still use unofficial, impromptu performance reviews, which can lead to surprises, embarrassment, bias, and inaccuracy (Lobontiu *et al.*, 2015) [50]. Some supervisors and managers use PA exercises to penalize staff by demoting, promoting or firing them as necessary (San *et al.*, 2012) [67]. Some senior staff need to be more familiar with the evaluation method. Thus, their inability to conduct it according to expectations produces conflict and demotivates personnel (Khauoe, 2015) [41]. Some employees view PA as punitive, intimidating, or unjust HR management practices (Tweedie *et al.*, 2019) [75].

According to PA at healthcare facilities aids administrative decisions on human resources, goal-setting, target-setting, collecting, analyzing, interpreting, and communicating performance data to potential employees. Many organizations link the outcomes of performance evaluations to monetary and non-monetary rewards (Alsuwaidi *et al.*, 2021; Lawler, 2003) [8, 48], leading to performance-based total rewards such as incentives. For example, poor performers may lose their salaries (San *et al.*, 2012) [67]. Conversely, employees may get a pay raise (Saad, 2014) [65] or other benefits if they do well. Performance appraisal becomes a pathway through which individual performance can lead to implementation of a reward system (Alsuwaidi *et al.*, 2021) [8]. Hence, the role of interactive rewards in designing and implementing PA and other related business outcomes becomes vital, calling for the role of rewards in PA-related outcomes.

1.2 Statement of the Problem

Several researchers (Madlabana *et al.*, 2020; Tweedie *et al.*, 2019; Hewko & Cummings, 2016) [52, 75, 32] have investigated performance management in the healthcare system. However, only a few have addressed employee perceptions in Ethiopia (Bekele *et al.*, 2014) [15], India (Jain & Gautam, 2016) [83], Indonesia (Prasetya & Kato, 2011) [62], South Africa (Worku, 2019; Swanepoel *et al.*, 2016) [80, 74], Pakistan (Abbas, 2014) [1] and Australia (Taylor, 2015) [84]. For instance, Khan (2016) [39] studied employee perception of PA within public limited companies in Pakistan, while the work of Ibrahim and Abdelaziz (2019) [34] studied only nurses' perception of appraisal systems in a public hospital in Egypt.

This gap necessitates higher-modelled studies in other contexts and countries among other health workers, as Hewko and Cummings (2016) [32] recommended. For example, Wei and Atuahene-Gima (2009) [79] studied the moderating role of rewards, but the principal constructs and context were "market orientation and new product performance in China." Again, while the relationship between rewards and PA has been studied (Daley, 2017; Azzone & Palermo, 2011; Oh & Lewis, 2009) [19, 12, 61], the moderating role of rewards in PA systems and employee performance has not been studied in the literature. Therefore, this study, theoretically underpinned by the FIT model, explores the moderating role of rewards within the relationship between the perception about PA and staff performance effectiveness (Figure 1) in the context of private health facilities in Ghana.

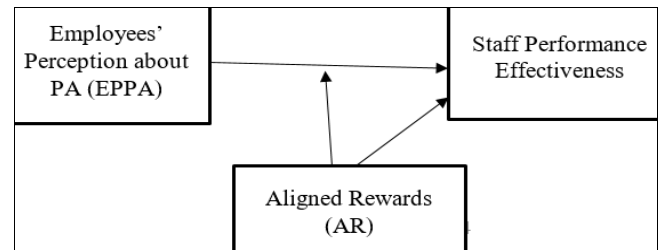


Fig 1: Conceptual framework for the study

This research will contribute to theory by ensuring greater generalization and conceptualization of employee perception of PA systems (Sharma *et al.*, 2016) [69]. First, the study provides some theoretical enrichment regarding the critical adoption of FIT (Kluger & DeNisi, 1996) [44] when designing PA systems. The theoretical underpinnings of FIT could guide how to improve effectiveness and explain how elements like employee perception affect the success of feedback within organizational PA systems (Krenn *et al.*, 2013) [45].

Secondly, it can contribute to previous performance management's multidimensional character that addresses the effects of feedback on employee task performance (Alder, 2007) [4]. Finally, the study can deepen the understanding of the PA and rewards systems by illuminating the reasons for other unintended consequences (Franco-Santos & Otley, 2018) [24] in a perception-performance relationship, such as moderation by reward. This will ignite for practical strategic interventions to use PA and rewards to improve performance. Thus, it will help organizations, especially private and informal institutions, to streamline their PA and rewards systems to improve performance. Additionally, managers can employ the research findings in providing guidelines and principles for designing, communicating, and implementing PA practices and reward structures since private healthcare facilities and systems lack innovative and quality improvement strategies that drive quality care and performance of workers (Nyashanu *et al.*, 2022) [59].

1.3 Performance Appraisal Concept

Performance appraisal does not function in isolation but is closely linked with the whole performance management system (Nor, 2018) [58]. For Kruziniy and Pangestu (2022) [46], PA is an evaluation that compares employees' current performance and output with the previous work goals. Moreover, PA refers to organisations' approaches and procedures to evaluate and provide feedback on employee performance (Van Dijk & Schodl, 2015) [76]. According to Rabenu *et al.* (2018) [64], PA is a systematic and strategic method through which supervisors acquire and measure valid and reliable information about employee behaviour and work performance (Rabenu *et al.*, 2018) [64]. For Gulzar *et al.* (2020) [29], a PA system is a distinctive, approved, command-sanctioned HR function typically conducted annually or biannually.

Moreover, Waheed *et al.* (2018) [78] posited that PA is an evaluation criterion in which quantitative scores are typically awarded to assessed workers according to their perceived level of work performance relative to

predetermined metrics. Hence, PA tracks employee contributions as they try to achieve institutional plans. Moreover, it identifies individual strengths, accords improvement opportunities, and monitors if targets are achieved so the institution can plan. Again, PA could also be acknowledged as a formal planned programme by which management gathers reliable information on their staff behaviour regarding their job description (Canet-Giner *et al.*, 2020) ^[18]. Furthermore, it deals with how organizations evaluate and measure their employees' achievements. Performance evaluation, a crucial managerial technique, aids in facilitating and upkeep a sound healthcare system where attentive health employees are employed.

Again, PA also ensures that devoted and well-trained staff receive appropriate rewards for meeting the healthcare system's requirements and delivering high-quality care (Madlabana, 2014) ^[51].

Mueller-Hanson and Pulakos (2015) ^[55] describe PA as the accomplishment of specific functions based on the following criteria: pre-set standards of accuracy, quality service delivery, completeness, cost, and speed, as in the case of nurses and doctors. According to Ånescu (2015) ^[10], PA aims to assess the employee's achievements within a specific timeframe. Performance appraisal is essentially a development process aimed at enhancing performance and potential within individuals, groups and organizations through the efforts in their job with the help they receive from managers and organizations. Similarly, Balu *et al.* (2022) ^[13] added that PA must not only aim at improving staff performance, but it also helps reinforce the performance of the units, teams, departments and groups within an organization.

1.4 Feedback intervention theory (FIT) and performance appraisal

The concept of feedback intervention (Kluger & DeNisi, 1996) ^[44] postulates that, similar to establishing specified goals, feedback clarifies what the employee must perform (Idowu, 2017) ^[35]. In this light, FIT contends that people become highly motivated to attain higher performance standards when their feedback falls short of their expectations and aspirations (Sippy & Varma, 2014) ^[73]. Accordingly, the fundamental premise of FIT is that employee feedback interventions focus on three control process dimensions: task learning, task motivation, and meta-task procedures (Kluger & DeNisi, 1996) ^[44]. Therefore, the practice of PA assumes that informing workers of the gaps between their actual job performances and expected institutional standards or targets (when their performance is below the majority of their peers) may encourage employees to reach a greater level of performance. Nor (2018) ^[58] argues that when an employee reaches the expected criteria by corporate strategic goals, management must provide timely feedback in a face-to-face meeting. This meeting is intended to provide candid feedback on the employee's accomplishments relative to the predetermined goals and highlight any areas requiring improvement. This encourages the worker to perform better. (Nor, 2018) ^[58]

Sharing and communicating PA comments can boost knowledge. This could boost employee dedication and improve manager-employee relations. Khanna *et al.* (2014) ^[40] noted that companies that share knowledge internally and externally are more innovative and perform better. PA

reviews also improve employee attitudes and behaviours, such as generating new ideas. They also innovate their tasks (Khanna *et al.*, 2014) ^[40]. Mueller-Hanson and Pulakos (2015) ^[55] further suggest that the pressure workers sense whenever they face a PA approach may be positive. Pressure encourages them to take on new tasks. PA, together with other methods, improves innovation outcomes. When the PA's opinions are valuable, appropriate, honest, and fair, employees collaborate and accept more responsibility.

Idowu (2017) ^[35] views feedback as information or ideas the company gives employees to improve job performance. He emphasized that appropriate feedback helps the receiver focus on work performance, specifically how to improve output. Nor (2018) ^[58] proposes that the variance should be discussed with employees individually when actual performance outcomes are compared to expected performance benchmarks. Both sides can discuss ratings, outcomes, criteria, methods, concerns, and why a certain performance is given (Gulzar *et al.*, 2020) ^[29]. The manager can guide, advise, and coach the employee. Feedback should be accurate, thorough, and complete to reinforce what the employee did well and what needs improvement. Feedback motivates intrinsically, according to Kihama and Wainain (2019) ^[43]. Kihama and Wainain (2019) ^[43] assert that feedback is an essential intrinsic motivational tool.

However, poor feedback makes employees unhappy and irritable, making the workplace unbearable. Research shows that feedback generally improves performance (Kihama & Wainaina, 2019) ^[43], but in more than a third of trials, feedback affects performance if the process has several defects. Many employees can use their performance reports to improve. Others may ignore or reject the input, become angry and disgruntled, stop working, or leave the business (Villevall, 2020) ^[77]. This is because workers are more motivated and collaborative when their superiors provide them with timely and constructive performance evaluations. Employers and employees must reciprocate. Employees who believe the PA can provide useful feedback feel bound to behave well (Canet-Giner *et al.*, 2020) ^[18]. The healthcare facility may be failing their patients without this feedback (Gupta & Kumar, 2013) ^[31].

In response to Kluger and DeNisi's (1996) ^[44] calling for further primary studies to look at specific claims and application processes made by the FIT, this study was conducted on the level of task-motivation models regarding PA (Krenn *et al.*, 2013) ^[45]. Thus, using FIT in this research is appropriate because the existing theories are not comprehensive and specific to health care (Brown *et al.*, 2019) ^[85].

1.5 Perception of Workers about Performance Appraisal

Organizational justice theory determines the efficacy of any PA system (Canet-Giner *et al.*, 2020) ^[18]. First, perception examines how a person organizes and interprets sensory perceptions to make sense of the world (Abdul & Awan, 2016) ^[2]. This view varies by employee. Second, PA system behaviour and perceptions vary. The appraisal process can allow for multiple perspectives. Attitudes, personality, passion, experience, and expectations also affect perception. Numerous research found that performance evaluation that treats everyone fairly could lead to PA acceptance and satisfaction (Kampkötter, 2017) ^[37].

Kanisa (2017) ^[38] also stressed the importance of employees' PA views in enhancing PA system acceptability,

ownership, and satisfaction. An appraisal's success depends on how supervisors and subordinates see the appraisal and PA processes. According to Waheed *et al.* (2018) ^[78], PA quality supports employees' perceived commitments to their firm, which can lead to good attitudes and behaviours that the company wants. Elicker *et al.* (1998) ^[86] noted that workers' involvement in building the evaluation system and conducting appraisal sessions improves the system's perception.

To be well received, a PA must work in a supportive environment to reduce negative views that could affect performance (Deepa *et al.*, 2014) ^[20]. Supervisor behaviour and communication with employees affect these perceptions (Canet-Gineret *et al.*, 2020) ^[18]. In certain companies, performance appraisals are official and can help people develop. Fairness is vital when assessing a PA's success, and when employees feel that performance appraisals are fair, they are more loyal to the organization (Swanepoel *et al.*, 2016) ^[74]. Ordinarily, employees will embrace and participate meaningfully in the PA process if they see it as a chance to improve personally and show off their capabilities. An employee must understand that the PA system is fair and leads to certain rewards and benefits. Thus, how employees feel about the PA impacts whether these HR initiatives work in any health facility. Unhappiness is inevitable if the system is politicized, irrelevant, or biased (Ochoti & Maronga, 2012) ^[60]. Organizational considerations can affect employee satisfaction with performance evaluations. Waheed *et al.* (2018) ^[78] highlighted that PA employee satisfaction influences efficacy. Employees can measure their satisfaction with PA, its implementation, supposed benefits, and fairness and objectivity.

1.6 The Concept of Rewards

Managers want to maximize total rewards to keep their companies competitive and successful. Conversely, employees anticipate fair compensation, a safe working environment, and equitable treatment. Depending on the degree of their requirements for security, status, engagement, ambition, authority, and accountability, employees frequently have higher reward expectations than management (Ali & Ahmed, 2009) ^[6]. According to Fay and Thompson (2001) ^[22], rewards are the goal of labour and include methods an organization meets workers' needs, so they see their livelihood as related to their work. According to Bratton and Gold (2003) ^[17], a reward is any fiscal, non-fiscal, and psychological payments given to employees for their performance. Thus, institutional incentives are systems designed to motivate people and teams by rewarding performance (Nnaji-Ihedinmah & Egbunike, 2015) ^[56]. Bratton and Gold (2003) ^[17] indicated that tangible and intangible rewards increase worker performance. Gerhart and Fang (2004) ^[26] define reward as compensation (wages, base pay, bonus, and incentive), benefits (healthcare, insurance coverages, and work-life initiatives), and careers (career growth). For example, a typical compensation package for an entry-level worker in a corporate work within a mid-sized organization in America might include wage, "paid time off" such as "vacation and holidays," bonuses, "employer-provided or employer-subsidized benefits such as health and dental insurance and some kind of retirement plan option" (Fulmer & Li, 2022, p.148) ^[25]. According to the Ghana Labour Act of 2003, a typical

employee reward includes salaries and benefits such as social security, pension plan, and paid vacation or leave. There can be intrinsic and extrinsic rewards. Rewards that are intrinsic include accomplishment, diversity, challenge, autonomy, accountability, development, prestige, recognition, appreciation, fulfilment, and positive consciousness. In contrast, extrinsic benefits include compensation, employment security, advancements, competitive wages, increment, incentives, and financial benefits (Mahaney & Lederer, 2006) ^[53]. Puwanenthiren (2011) ^[63] conceptualizes a reward system as comprising institutional processes, regulations, techniques, individuals, and decision-making operations used to distribute benefits and compensation to individuals in return for their work and input. Hence, organizations must describe their metrics, expected behaviours, and performance standards determining rewards when designing and implementing reward systems (Puwanenthiren, 2011) ^[63]. In addition, reward systems should consider internal equity, health and well-being, work-life balance, administrative considerations such as policies and communications, individual performance, and market considerations (Fulmer & Li, 2022) ^[25].

1.7 The relationships among study variables

Based on FIT and concepts in the related literature, a theoretical framework (Figure 1) aligning employees' perception of PA (EPPA) and staff performance effectiveness (SPE and expected aligned rewards (AR) was developed and tested (Figure 1). Work performance and PA system effectiveness are related; according to Kuvaas and Dysvik (2010) ^[47], some PA policies negatively affect job performance and positively affect intention to leave. Levy and Williams (2004) ^[49] noted that even the best PA system would fail if raters and ratees do not see fairness, usefulness, validity, accuracy, and meaningfulness. Thus, greater PA perceptions (fairness, proper notice of the employee's opinion, a fair hearing, and the requirement to support the employee's decision with facts) assure an effective PA system. Nevertheless, PA-motivated organizations do well, according to Idowu (2017) ^[35]. Again, adopting several appraisal systems improve satisfaction and performance-reward incentive.

Motivation increases and explains the relationship between employee performance and PA, according to Handoyo *et al.* (2015) ^[33]. The study showed that employees must understand the performance gap, the difference between actual performance and employer expectations. The researchers added that employees could only reduce performance gaps when they know them. Ahmad (2013) ^[3] examined methods to optimize organizational performance. The study found that feedback guided behaviour and performance. Feedback can identify staff strengths and weaknesses to establish improvement initiatives. PA gets attention, approval, and happiness if the evaluation process is directly related to their rewards, according to Seniwoliba (2014) ^[68]. According to Manzoor *et al.* (2021) ^[54], intrinsic and extrinsic rewards directly affect employee performance. They emphasized that the PA system is based on reinforcement theory and intrinsic and extrinsic rewards. The PA system accommodates both. They employed PA rewards and recognition to boost staff performance. Reward practice motivates, and commitment boosts job engagement and discretionary behaviour (Abdul & Awan, 2016) ^[2].

Reward systems are developed when compensation is tied to behaviours, qualities, and work performance supporting the corporate strategy and facilitating the attainment of strategic priorities. Rewards and PAs stimulate people to set realistic goals and take steps to achieve them. Girma *et al.* (2016) [27] suggest that individuals are motivated to execute predicted behaviours when they believe they will receive rewards. Reward motivates workers to perform well as rewards directly affect job performance. Staff rewards can boost performance (Ali & Ahmed, 2009) [6] as employees feel valued. Reward schemes can encourage organizational success. Thus, employees will behave to improve their performance and rewards; workers will work harder, benefiting firms and workers. Thus, firms will provide positive results and succeed in the long run.

According to GÜngör (2011) [30], financial rewards predicted employee performance such that their performance increased as financial rewards to employees increased. According to Alhmoud and Rjoub (2019) [5], every company considers how awards affect performance and staff retention. According to Ismail *et al.* (2016) [36], an incentive management system includes communication, involvement, performance evaluation, and job desire. Managers' ability to use PA in reward system decisions, actively participate in reward systems, and freely disclose reward system information may motivate employees to work in organizations. Khan (2016) [39] demonstrates that employee perceptions of PA influence pay for performance (aligned rewards).

Consequently, companies must recognize top performers to maintain high standards, according to Khauoe (2015) [41]. Idowu (2017) [35] also said that appraisals provide a platform for employee recognition, which motivates them. In this context, acknowledgement means giving people intrinsic rewards like praise, certificates of hard work, positive speeches, public acknowledgement, and celebrations, which can inspire innovation and performance (Bayo-Moriones *et al.*, 2020) [14]. Govender and Bussin (2020) [28] state that awards and recognition boost employee engagement because people want to feel appreciated and accomplished. When workers are recognized for their accomplishments, it enhances their self-esteem and makes them feel like they contributed to company goals. The following hypotheses are presented based on the above:

H1: Employees' perception of PA (EPPA) significantly correlates with their performance effectiveness (SPE).

H2: Aligned Rewards (AR) have positive effects on staff performance effectiveness (SPE).

H3: Aligned rewards (AR) partially moderate the relationship between employees' perception about PA (EPPA) and staff performance effectiveness (SPE).

2. Materials and Methods

2.1 Research Design, Population and Sampling

The current study, using quantitative methods, employed a non-experimental, descriptive study design using a convenient and purposive sampling of health workers in private health institutions in Kumasi Metro. This research adopted a descriptive approach because, in line with its objectives, it seeks to gain insights by investigating the PA from employees' perspectives in private health facilities. The study population consisted of health workers from private health institutions within the Greater Kumasi Area comprising Kumasi Metropolitan, Asokwa Municipal,

Asokore Mampong Municipal, Suame Municipal, Old Tafo Municipal, Kwadaso Municipal, Ejuso Municipal, and Kwabre East Municipal. The private health facilities included health centres, clinics, hospitals, maternity homes, rehabilitation centres, and other institutions recognized to provide patient care.

Purposive sampling was employed in selecting participating health facilities. The main criterion was that the facility should be accredited by Health Facilities Regulatory Agency (HeFRA), with the national mandate to regulate, monitor and certify all health institutions in Ghana. The accredited health institutions were sampled from the HeFRA websites. Again, the purposive sampling method depended on the number of employees. The researchers contacted the HeFRA-accredited institutions to determine the number of employees, and only health institutions with ten or more employees were purposefully sampled. We sampled eight (8) hospitals with more than fifty (50) employees, twelve (12) clinics with more than twenty-five (25) employees, and six (6) health centres with more than ten (10) employees.

After purposefully sampling the health institutions, a convenient sampling method was employed to select participants. First, with the inclusive criteria, the study adopted healthcare employees working for more than a year and those subjected to PA systems. These inclusive criteria yielded employees in these departments: nursing, surgical, OPD, ward, laboratory, ultrasound, maternity and physiotherapy. On the contrary, the exclusion criteria included national service personnel, interns, and newly employed workers. Then, with the help of the various HR managers and administrators, questionnaires were sent to the sampled employees to answer. In all, 235 respondents participated in the study by answering our questionnaires.

2.2 Data collection and measurement procedures

The questionnaire was designed according to the research variables and conceptual model. Multiple-item measures (five-point Likert scales) from prior studies were utilized to measure the variables. The measurement scales to measure employee perception of PA, staff performance effectiveness, and aligned rewards were developed through adaptation and modification of previous studies (Canet-Giner, 2020; Aliu, 2020; Sihombing *et al.*, 2018; Khan, 2016; Sharma *et al.*, 2016; Swanepoel *et al.*, 2016; Abbas, 2014; Gupta & Kumar, 2013) [18, 7, 72, 39, 69, 74, 1, 31]. In all, staff performance effectiveness had eight scale items, aligned rewards had eight scaled items, and employees' perception of PA had fifteen scaled items. The research questions were made of closed-ended research questions on how employees perceive PA in their organizations. The questionnaire was classified into four categories: Section A (demographic information), Section B (staff effectiveness) and Section C (PA and aligned rewards), and Section D (employees' perception of the PA system used by these facilities). The authors gave respondents specific scale items and asked them to select a viewpoint using a five-point Likert scale (from strongly agree to disagree strongly).

2.3 Data Collection and Analysis Procedures

With the permission of the purposefully selected health facilities, the HR manager received the questionnaires to distribute to the staff. This facilitated the data collection procedure that enabled the researchers to collect the

responses to the questionnaire on time. With the help of SPSS version 26, regression analysis (using process macro 4.2 by Andrew Hayes) was used to analyze the data, with a 95% confidence interval. Finally, the results were presented in table format.

2.4 Ethical Consideration

Ethically, the researcher was responsible for assessing carefully and preventing any harm to research participants (Bell & Bryman, 2007) [16]. The researchers explained the study's purpose to the participants and did not disclose the participants' identities. In addition, the research ensured the rights of each respondent in terms of flexibility in answering questionnaires. The respondents were free of choice and

could leave the research at any particular time without any problems.

3. Results and Discussion

3.1 Results and Findings

This segment provides and discusses the study results. The findings have been analyzed, discussed and interpreted based on the research objectives and questionnaire responses. Table 1 presents the demographics of respondents. Overall, 65.5% of respondents were female. A substantial number of participants have worked with these private institutions for 1-10 years (68.9%). In terms of age, the majority of respondents were from 25-35 years (69.36%)

Table 1: Demographics Characteristics of Respondents

Variables	Frequencies	Percentages (%)
Gender		
Male	72	30.64
Female	154	65.53
Missing	9	3.83
Total	235	100
Age		
25-35	163	69.36
36-645	61	25.96
46-55	8	3.40
+55	3	1.28
Total	235	100
Duration		
1-10	162	68.94
11-20	66	28.09
+21	5	2.13
Missing	2	0.85
Total	235	100

Table 2 presents the descriptive data and Cronbach alpha for reliability. The mean score for staff performance effectiveness was 2.13, aligned reward was 2.89, and employee perception was 2.13. The results revealed that staff performance effectiveness (scaled with eight items) was reliable ($\alpha = .82$), aligned rewards (scaled with eight

items) was found to be reliable ($\alpha=.81$), and employees' perception about PA (scaled with fifteen items) was also reliable ($\alpha=.80$). For Azhar *et al.* (2018) [87], Cronbach alpha values (.60 -.80) are moderate yet acceptable. Values of .80 and above are good.

Table 2: Descriptive Statistics, Cronbach alpha and Correlations Analysis

Construct	Mean	Standard Deviation	Cronbach Alpha	Staff Performance Effectiveness	Aligned Rewards	Employee Perception of PA
Staff Performance Effectiveness	2.13	.93	.815	1	.419**	.333**
Aligned Rewards	2.89	.74	.806	.419**	1	.605**
Employee Perception about PA	2.85	.68	.796	.333**	.605**	1

** Correlations are significant at 0.01 level (2-tailed tests).

The correlation among study variables is presented in Table 2. The results show a significant positive correlation between aligned rewards and staff performance ($r=.419, p<.001$). In addition, employees' perception of PA showed a significant positive association with staff performance ($r=.333, p<.001$). Again, employees' perception of PA and aligned rewards showed a statistically significant positive relationship ($r=.605, p<.001$). The correlation coefficients of 0.33 to 0.61 showed a lower likelihood of multicollinearity. According to Kiers and Smilde (2007) [42], a correlation coefficient of more than 0.70 becomes very suspicious for multicollinearity.

Overall the model presented in Table 3 was significant $f(3, 227) = 18.1476, R^2 = .1934, p=0.000$, showing that 19% of the variance is due to employee perception, rewards, and

interactions. The addition of the moderating impact of rewards contributed 1.9% [$\Delta R^2 = .018, f= 5.3342, df= 1, p\text{-value}=0.02$] to the outlined variance in employee performance in the study model.

Table 3: Model Summary and change in R-square

R	R-sq	MSE	F	df1	df2	p-value
.4398	.1934	.6981	18.1476	3.0000	227.000	.0000
Change in R-square due to moderating variable						
R-sq change			F	df1	df2	P-value
.0190			5.3342	1.0000	227.000	.0218

Table 4 analyses hypothesis 1 (H1) to determine an association between workers' perception of PA and

expected staff performance effectiveness. As a result, the employees' perception of PA positively predicted staff performance effectiveness, $b=.9543, t(277)=2.7865, p\text{-value}=0.0058$, which means that predicting variable (perception) plays a significant role in shaping the dependent variable (staff performance). Furthermore, this shows that for every one-unit increase in the perception of employees, there is a .95 increase in employee performance. This indicates that hypothesis 1 (H1) was supported.

Table 4: Model analysis of study variable

	coeff	se	t	p-value	LLCI	ULCI
Constant	-1.6784	.9351	-1.7984	.0740	-3.5210	.1642
EPPA	.9543	.3425	2.7865	.0058	.2795	1.6290
AR	1.1692	.3479	3.3606	.0009	.4836	1.8547
Int_1	-.2704	.1171	-2.3095	.0218	-.5011	-.0397

** SPE as an outcome variable

Table 4 reveals hypothesis 2 (H2) analysis in ascertaining the link between rewards and staff performance effectiveness. As a result, rewards positively predicted staff performance effectiveness, $b=1.1692, t(277)=3.3606, p\text{-value}=0.0009$, which means that predicting variable (rewards) plays a significant role in shaping the dependent variable (staff performance). Furthermore, this shows that there is a 1.1692 rise in workers' performance for a unit reward increment. This indicates that hypothesis 2 (H2) was supported.

Moreover, the study assessed the moderating influence of rewards on the association between employees' perception about performance appraisal and staff performance effectiveness. The study results (Table 4) revealed a negative moderating impact of rewards on the correlation between the perception about PA and staff performance effectiveness ($b= -0.2704, t(277)=-2.3096, p=0.0218$). This shows that hypothesis 3 (H3) is supported. However, the results of simple slope analysis (slopes for employee perception about PA predicting staff performance at each level of rewards) to better understand the moderating effects at different percentiles are shown in Table 5. For low rewards, $b=0.3796, t(277)=2.8680, p=0.0045$, employee perception about PA yields a 0.38 increase in staff performance. For average rewards, $b=0.2106, t(277)=1.9436, p=0.05$, perception significantly increases staff performance by 0.21 units. For high rewards, $b=-0.0598, t(277)=-0.3799, p=0.70$, no relationship exists between employee perception about PA and staff performance. This shows that rewards' interactive impact is stronger at low levels of rewards than at higher levels of rewards.

Table 5: Conditional effects of the focal predictor at values of the moderator

PRA	Effect	se	t	p-value	LLCI	ULCI
2.1250	.3796	.1324	2.8680	.0045	.1188	.6404
2.7500	.2106	.1084	1.9436	.0532	-.0029	.4241
3.7500	-.0598	.1574	-.3799	.7043	-.3700	.2503

3.2 Discussion of Results

Using regression analysis, the study applied FIT in assessing employees' perceptions of PA and the moderating role of aligned rewards within private health facilities. The study findings showed a significant positive correlation between employees' perception of PA and performance effectiveness. This finding conforms to the work of Worku (2019) [80],

Ibrahim and Abdelaziz (2019) [34], Abbas (2014) [1], and Bekele *et al.* (2014) [15], which found a positive relationship between the perception about PA and workers' performance. Moreover, the study also discovered a significant positive correlation between expected aligned income and staff performance effectiveness. This finding also was confirmatory to the works of Noko and Nwuzor (2021) [57], Sidhu and Nizam (2020) [31], and Sihombing *et al.* (2018) [72] that showed a positive predicting effect of rewards (extrinsic and intrinsic) on workers' performance. The study showed that aligned rewards have a negative moderating role on the relationship between employee perception about PA and staff performance. As rewards increase, the perception-performance relationship weakens. Increasing rewards for employees may decrease the relationship existing between perception and performance. The study analysis demonstrates that aligned rewards partially and negatively moderate the impact of employee perception about PA on staff performance.

3.3 Theoretical and Practical Implications

The study provides opportunities for theoretical and scholarly development. Thus, it provides insight into FIT and performance management systems from the employee perception perspective. Furthermore, it ensures greater generalizability and conceptual analysis of PA systems. For instance, the study brings theoretical development and application of FIT (Kluger & DeNisi, 1996) [44] within PA systems. Furthermore, it affirms previous concepts and studies regarding multidimensional factors affecting feedback attributes on workers' task performance. Thus, the recognition and application of FIT offer a rich descriptive framework for empirical performance management and appraisal research. Again, introducing the moderating role of rewards brings scholarly work on PA and employee performance to a higher model.

The findings also present practical proposals for organizations. Through this study, practitioners and organizations gain a deeper understanding of corporate PA and reward systems' unintended consequences. This understanding calls for practical strategic interventions incorporating employee views and perceptions in designing effective PA systems. Thus, it will help organizations, especially private and informal institutions, to streamline their PA and reward systems to improve performance. In addition, because many private healthcare facilities and other organizations struggle with innovation and quality improvement strategies, this study offers practical insight for designing quality PA systems and reward systems to drive quality performance within private and informal organizations.

3.4 Study Limitations and Suggested Future Research

Although our research offers intriguing perspectives on the influence of employees' perceptions about the PA system on performance with a moderating role of rewards, the research results should be viewed in light of the underlying study limitations. First, it was difficult to draw firm conclusions about the associations' causal sequence because all the data was gathered at once. As a result, we are open to longitudinal study approaches that support the causal relationship of study variables. Our investigation was conducted in a specific context of the Ghanaian economy. During the study period (2022), our sampled participants

faced a significant economic crisis due to inflation and the depreciation of the local currency against the dollar. Therefore, our results might be different, especially in a stable economy that affects organizations and their performance. The moderating variable can be divided into intrinsic and extrinsic variables to measure their impact in a study model. Again, our theoretical framework is not exhaustive because of other contextual factors that affect appraisal systems. Therefore, the theoretical and empirical work here further calls for developing a more complex model to explain other factors and concepts mediating the impact on PA systems. The study also employed the FIT model; however, other theoretical models can also be used to study PA systems.

4. Conclusion

Our study sheds light on the influence of employee perception on PA and moderating effect of rewards using FIT as an underpinning theory within private health facilities. Using regression analysis, we developed and tested a model that linked employees' perceptions of PA to employees' performance effectiveness with aligned rewards as a moderator. In line with the central propositions of FIT, this study shows that employees' perception of the PA system affects their performance effectiveness. At the same time, the reward negatively moderates the study model's relationship. Therefore, managers should pay close attention to rewards and compensation when designing and implementing effective PA systems to drive quality of services and improved performance.

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