



## Evaluating the efficiency of the appraisal system in Zambia: A case study of the health sector in the Northern Province

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### ABSTRACT

The effectiveness of the performance appraisal system in Zambia's health sector, particularly in the Northern Province, leaves much to be desired. Despite having formal mechanisms in place, their efficiency in enhancing performance, motivation, and service delivery remains limited. Concerns stem from inconsistent implementation, prejudice in assessments, lack of standardized evaluation criteria, and failure of follow-up on appraisal outcomes, all of which weaken the system's purpose. This study is grounded in Herzberg's Two-Factor Theory, which differentiates hygiene factors such as salary and policies from motivators such as recognition and advancement. This research employed a quantitative research method, using a cross-sectional survey to systematically collect data from participants within a defined time frame. Quantitative data was collected through the use of structured questionnaires. The target population for this research consisted of health workers based in Northern Province, involving both clinical and non-clinical employees drawn from various professional cadres. This study engaged 1,000 healthcare workers drawn from northern provinces across different categories, including clinical, administrative, and support staff. JASP statistical software was used to analyze data. The analysis involved the use of descriptive statistics to summarize the data and inferential statistical tests, including Z-tests and Chi-square tests, to identify patterns and determine significant associations among the study variables. The results indicate that only 23.5% of health workers perceived the process as fair, while 76.5% cited bias and subjectivity. 12% of the respondents reported experiencing follow-up actions after appraisal, and none received any form of recognition, pointing to systemic flaws in staff motivation. Additionally, 55% of staff did not understand the appraisal form, and 65.5% lacked clarity on performance indicators, showing significant communication and training gaps. Statistical analysis, including chi-square and Z-tests ( $p < 0.001$ ), confirmed significant variations across categories of staff, with administrative staff exhibiting higher levels of understanding than support and clinical staff. These results indicate that the appraisal process fails to achieve its intended goals and objectives. To ensure effectiveness in the entire process, reforms should consider transparency, standardized criteria, staff training, structured feedback mechanisms, and linking performance evaluations to tangible incentives, thereby improving staff motivation, accountability, and effective healthcare delivery.

**Keywords:** Appraisals, Efficiency, Employee Growth, Performance, Reviews, Zambia

### I. INTRODUCTION

The Sustainable Development Goals (SDGs), adopted by the United Nations in 2015, are a global blueprint for ensuring a more sustainable world by 2030 (Hak et al., 2016). Among the 17 goals, SDG number three (3) focuses on ensuring healthy lives and promoting well-being for all at all ages across the globe. This goal includes different targets, aiming at reducing maternal and child mortality, combating communicable diseases, strengthening health systems, and ensuring universal health coverage. Achieving SDG 3 calls for a robust healthcare system, adequate staffing, and a competent and motivated workforce. This is the reason why performance appraisals are important and crucial in ensuring effective healthcare service delivery (Kent & Hawkes, 2015).

The aim of SDG 3 is to improve health outcomes across the globe by addressing both preventive and curative aspects of healthcare. It highlights strengthening of the healthcare systems and infrastructure, thereby ensuring accessibility to quality services, and fostering innovation in medical research and technology. To achieve these objectives, governments and healthcare institutions need to focus on workforce efficiency, competence, and motivation. A robust performance appraisal system plays an important role in ensuring that healthcare personnel deliver high-quality services in line with SDG 3 objectives (Kieny et al., 2017).



Zambia's National Health Strategic Plan (NHSP) of 2022 to 2026 defines the country's commitment to achieving quality Universal Health Coverage (UHC) through decentralization (Munyeme et al., 2024). This strategic plan aligns with Sustainable Development Goal 3 (SDG 3), which aims to ensure healthy lives and promote well-being for all at all ages (Mulenga et al., 2017). A serious component of realizing these objectives is the effective management and evaluation of healthcare personnel through robust performance appraisal systems.

The NHSP, guiding document spells out several strategic directions to strengthen Zambia's health sector. One of the strategies is enhancing health service delivery. This strategy emphasizes the need to improve the quality and accessibility of health services to achieve quality universal health coverage. One of the strategic directions to improve Zambia's health sector is Human Resources for Health. A significant focus is placed on increasing the availability of a skilled, motivated, and equitably distributed health workforce. The NHSP aims to increase the health workforce from 48% of the establishment in 2021 to 70% by 2026. In realising this, the current political party in government (United Party for National Development) has recruited over 18,000 health workers and sent to all the parts of the country (Munyeme et al., 2024).

Performance appraisal is a very important activity for evaluating employees' value, contributions and ensuring that healthcare workers meet expected service standards (Ikramullah, et al., 2016). Effective performance evaluation tools and systems help identify strengths and areas that need improvement among healthcare professionals, leading to better patient care and operational efficiency (Kampkötter, 2017). In the context of SDG 3, appraisals provide an opportunity for aligning healthcare workers' efforts with national and global health goals.

### 1.1 Statement of the Problem

Despite the existence of a formal performance appraisal system in Zambia's health sector, particularly in the Northern Province, its effectiveness in enhancing staff performance, growth, motivation, and service delivery remains limited. Evidence shows widespread perceptions of bias and subjectivity. Lack of understanding of appraisal tools and performance indicators, inadequate training, and weak communication further weaken the appraisal system. Additionally, minimal follow-up actions and the absence of recognition or incentives reduce the appraisal system's motivational value. Significant variations in understanding across staff categories highlight systemic inconsistencies in implementation. These weaknesses prevent the appraisal system from achieving its intended objectives, thereby negatively affecting accountability, staff morale, and the quality of healthcare delivery in the province.

### 1.2 Research Hypothesis

There is no significant relationship between the identified shortcomings of the performance appraisal system (perceived bias, lack of training, inadequate follow-up, and absence of incentives) and healthcare workers' motivation, satisfaction, trust, employee performance, or service delivery outcomes in Zambia's health sector, particularly in Northern Province.

## II. LITERATURE REVIEW

### 2.1 Theoretical Review

This study is grounded in Herzberg's Two-Factor Theory, which differentiates hygiene factors such as salary, policies, and motivators such as recognition and advancement. Within this framework, appraisals serve both as hygiene ensuring fairness and structure, and also as motivators reinforcing achievement and growth opportunities. Feedback mechanisms embedded in appraisals enhance accountability, morale, and engagement (Herzberg, 1966). Moreover, when implemented fairly, appraisals inform strategic decisions such as promotions and succession planning, contributing to both individual and organizational development.

#### 2.1.1 The Concepts of Performance Appraisal

Performance appraisal is a systematic process through which an organization evaluates an employee's performance, contributions, and potential for growth. It serves as a central function of human resource management, providing a structured framework for assessing how well employees meet set objectives and contribute to organizational success (Armstrong, 2020). Beyond measuring performance, appraisals are designed to enhance employee development, identify training needs, and align individual efforts with institutional goals (Iqbal et al., 2015).

At its core, performance appraisal aims to create accountability by linking employee performance to organizational outcomes. It provides feedback to staff, recognizing achievements and addressing areas of improvement (DeNisi & Pritchard, 2006). When effectively implemented, appraisal systems strengthen motivation by rewarding high performers and providing clear pathways for career progression (Herzberg, 1966). In addition, appraisals serve as a management tool for strategic decision-making, such as promotions, compensation adjustments, and succession planning (Cappelli & Conyon, 2018).



Different approaches to appraisal exist, including top-down reviews, self-assessments, peer reviews, and 360-degree feedback systems. Each method carries strengths and weaknesses depending on organizational culture and objectives. For example, self-assessments encourage reflection and ownership of outcomes, while 360-degree feedback provides a more holistic view of employee contributions (Aggarwal & Thakur, 2013). Regardless of the method, fairness, transparency, and consistency are critical in ensuring employee trust and acceptance (Kuvaas, 2011).

However, performance appraisals are not without challenges. Issues such as subjectivity, favouritism, and poorly defined performance metrics can undermine their effectiveness (Lawler et al., 2012). Employees who perceive the process as biased may become demotivated and disengaged, diminishing the intended developmental impact. This is particularly critical in the health sector, where staff motivation and efficiency directly influence service delivery outcomes (Mutale et al., 2013). To address such challenges, organizations must establish standardized criteria, train evaluators, and link appraisal results to tangible outcomes such as promotions, recognition, or development opportunities.

Therefore, performance appraisal is more than just an evaluative exercise; it is a strategic human resource tool that balances accountability and employee development. Its success lies in how effectively it is communicated, understood, and applied within an organization. When managed properly, performance appraisals foster a culture of fairness, motivation, and continuous improvement, ultimately driving organizational growth and improved service delivery (Armstrong, 2020; Iqbal et al., 2015).

## 2.2 Empirical Review

Studies on performance appraisal maintains its dual role as both a developmental and evaluative tool within business entities. Abbas (2014) found that effective appraisal systems have a positive impact on employee motivation and organizational growth and development when they are transparent and objective. Similarly, Iqbal et al. (2015) showed that aligning appraisal outcomes to recognition, promotions and, training and development enhances employee satisfaction and productivity. However, other studies emphasize the challenges of bias and subjectivity. For instance, Cappelli and Conyon (2018) did observe that many organizations fail to operationalize standardized criteria, leading to inconsistencies that makes credibility difficult.

In the African context, private universities in Kenya have had problems with the appraisal processes that were more procedural than developmental, limiting their effectiveness. Furthermore, Mutale et al. (2013) showed that in Zambia's health sector, lack of training and weak implementation reduced the system's impact on health worker motivation. Research has also highlighted the importance of fairness perceptions; Kuvaas (2011) emphasized that employees who sees appraisals as fair and objective show higher commitment and job satisfaction. Collectively, these findings shows that while performance appraisal can enhance organizational performance, its effectiveness depends heavily on fairness and objectivity, consistency, and the integration of feedback into tangible rewards and development opportunities.

Additional studies further highlight the role of performance appraisal in improving employee performance and organizational effectiveness when properly implemented. According to Armstrong (2020) performance appraisal systems are most effective when they are supported by clear performance standards, continuous feedback, and active employee participation in the evaluation process. They argue that appraisal systems should move beyond periodic evaluation to become ongoing performance management tools that support learning and professional development. Similarly, Cappelli and Conyon (2018) emphasizes that effective performance appraisal systems contribute to improved employee engagement, accountability, and goal alignment within organizations. However, the absence of proper training for supervisors and lack of communication regarding appraisal criteria often undermine these benefits. These findings reinforce the importance of strengthening appraisal frameworks through capacity building, transparency, and regular feedback mechanisms to ensure that appraisal outcomes translate into improved individual and organizational performance.

## III. METHODOLOGY

### 3.1 Research Design

This research employed a quantitative research method, using a cross-sectional survey to systematically collect data from participants within a defined time frame. Structured questionnaires were used to gather numerical data on healthcare workers' knowledge, perceptions, and satisfaction with the performance appraisal process. The quantitative approach enabled the study to identify measurable patterns and relationships among variables through statistical analysis. This method was appropriate for assessing the level of knowledge among health workers regarding performance appraisals and evaluating their satisfaction with how these evaluations are implemented in practice.



### 3.2 Target Population, Sample, and Sampling Techniques.

The target population for this research consisted of health workers based in Northern Province, involving both clinical and non-clinical employees drawn from various professional cadres. All participants had direct exposure to and experience with the province’s human appraisal processes. A total of 1,000 health workers were purposively selected to take part in the study, with the sampling approach designed to ensure balanced representation from both rural and urban health facilities. Data were collected using a structured questionnaire made up of closed-ended questions that focused on key aspects such as service accessibility, operational efficiency, and system responsiveness. Participation in the study was voluntary, and informed consent was obtained from all respondents prior to data collection. The collected data was analysed using JASP statistical software, applying both descriptive and inferential statistical techniques.

### 3.3 Data Collection Instruments

Data collection was carried out using structured questionnaires that included both closed-ended items rated on a five-point Likert scale and open-ended questions. The questionnaire captured information on respondents’ demographic characteristics, motivations for joining or remaining in the public health sector, and their levels of satisfaction across different aspects of the work environment. Administration of the questionnaires was done through a combination of electronic platforms and face-to-face engagement, depending on participants’ availability and preferred mode of participation.

### 3.4 Method of Data Analysis

The data were analyzed using a quantitative approach. Responses from 1,000 participants were processed using JASP statistical software. The analysis involved the use of descriptive statistics to summarize the data and inferential statistical tests, including Z-tests and Chi-square tests, to identify patterns and determine significant associations among the study variables.

### 3.5 Ethical Consideration

Ethical considerations guided the research in order to ensure integrity and protection of respondents. Informed consent was obtained, and participation was voluntary with the right to leave at any time. Anonymity and confidentiality of responses were upheld to a larger extent. Data was used only for academic purposes, observing all ethical research guidelines and institutional approval requirements.

## IV. FINDINGS & DISCUSSION

### 4.1 Analysis of Staff Understanding of Key Performance Indicators (KPIs) in the Health Sector

The table below shows Understanding of Key Performance Indicators (KPIs) by Staff Category in the Health Sector in the Northern Province of Zambia (2024–2025, N = 1,000).

**Table 1**  
*Distribution of Staff*

Category of Staff	No. of Staff	Yes	No	Not Sure	Yes (%)	No (%)	Not Sure (%)
Medical Doctors	50	45	0	5	90	0	10
Nurses	300	100	150	50	33.33	50	16.67
Clinical Officers	100	30	70	0	30	70	0
Para - Medical Staff	200	80	105	15	40	52.5	7.5
Administrative Staff	50	40	5	5	80	10	10
Support Staff	300	20	220	60	6.67	73.33	20

An assessment of 1,000 healthcare staff members was conducted to assess their understanding of Key Performance Indicators as shown in Table 1, a crucial element in performance management. The data was analysed to determine the level of awareness across different categories of staff that included medical doctors, nurses, clinical officers, para-medical staff, administrative staff, and support staff. The analysis also aimed at assessing whether there is a meaningful relationship between staff member category and their level of understanding of KPIs.

The findings reveal a concerning trend. Out of the total 1,000 staff members surveyed, only 190 (19%) indicated that they understood what KPIs are and how they function within the workplace. On the other hand, a majority, 625 staff members (62.5%), reported that they do not understand KPIs. This suggests that a lot of health workers work without a clear understanding of the performance metrics by which their work is evaluated. Furthermore, 185 staff members (18.5%) stated they were unsure about whether they understood KPIs or not. This uncertainty reflects a broader issue of inadequate communication and training within the health ministry. To determine whether this pattern is merely



coincidental or statistically meaningful, a Chi-square test for independence was conducted. This test assesses whether there is a relationship between two categorical variables in this case, staff category and understanding of KPIs. The results of the Chi-square test are as follows:

Chi-square Statistic: 202.28  
 Degrees of Freedom (df): 10  
 P-Value:  $5.41 \times 10^{-38}$

The p-value obtained is significantly lower than the standard threshold of 0.05, leading us to reject the null hypothesis. This means there is a statistically significant association between the staff category and the level of KPI understanding. In other words, the likelihood that staff understand KPIs is not uniform across all categories; it depends on the role or professional grouping to which they belong.

#### 4.2 Understanding of the Appraisal Form among Health Sector Staff

The table below shows Understanding of the Appraisal Form by Category in the Health Sector in the Northern Province of Zambia (2024–2025, N = 1,000).

**Table 2**  
*Percentage Distribution of Staff*

Staff Category	Total (N)	Yes (n)	No (n)	Not Sure (n)	Yes (%)	No (%)	Not Sure (%)
Medical Doctors	50	20	25	5	40	50	10
Nurses	300	50	200	50	16.7	66.7	16.7
Clinical Officers	100	10	80	10	10	80	10
Para-Medical Staff	200	20	165	15	10	82.5	7.5
Administrative Staff	50	15	30	5	30	60	10
Support Staff	300	5	275	20	1.7	91.7	6.7
<b>Total</b>	<b>1000</b>	<b>120</b>	<b>775</b>	<b>105</b>	<b>12</b>	<b>77.5</b>	<b>10.5</b>

#### 4.3 Chi-square Statistical Analysis

To further understand whether the differences in understanding vary significantly by staff category, a Chi-square test for independence was conducted. The results were as follows:

Chi-square statistic: 256.65  
 Degrees of freedom: 10  
 P-value:  $2.16 \times 10^{-49}$

The extremely small p-value (significantly less than the standard threshold of 0.05) indicates that the differences in understanding across various categories of staff are statistically significant. In other words, the variation in whether staff understand the appraisal form is not random, it is strongly associated with the category of staff (e.g., medical doctors, nurses, support staff, etc.). This means certain staff categories are significantly more likely to understand the appraisal form than others. For instance, medical doctors and administrative staff have a clear understanding, while nurses, clinical officers, and support staff are disproportionately represented among those who either do not understand the form or are unsure.

#### 4.4 Absence of Incentives and Recognition Following Performance Appraisals

The Provision of Incentives and Recognition Following Performance Appraisals Across Healthcare Staff Categories in the Northern Province of Zambia (2024–2025, N = 1,000)

**Table 3**  
*Descriptive Statistics*

Staff Category	Yes (n)	No (n)	Total (N)	% Yes	% No
Medical Doctors	0	50	50	0.0%	100%
Nurses	0	300	300	0.0%	100%
Clinical Officers	0	100	100	0.0%	100%
Para-Medical Staff	0	200	200	0.0%	100%
Administrative Staff	0	50	50	0.0%	100%
Support Staff	0	300	300	0.0%	100%
<b>Total</b>	<b>0</b>	<b>1000</b>	<b>1000</b>	<b>0.0%</b>	<b>100%</b>

#### 4.5 Staff Responses on the Presence of Follow-Up Actions after Performance Appraisal Exercises

Responses on the Presence of Follow-Up Actions After Performance Appraisal Exercises by Staff Category in the Northern Province of Zambia (2024–2025, N = 1,000)



**Table 4**

*Distribution of Healthcare Staff*

Staff Category	Yes	No	Not Sure	Total
Medical Doctors	20	25	5	50
Nurses	50	200	50	300
Clinical Officers	10	80	10	100
Para-Medical Staff	20	165	15	200
Administrative Staff	15	30	5	50
Support Staff	5	275	20	300

Chi-Square Test of Independence

Chi-Square Statistic: 116.02

Degrees of Freedom: 10

P-Value:  $3.24 \times 10^{-20}$

This extremely low p-value indicates a statistically significant difference in follow-up action responses across different staff categories. Perceived Bias in the Performance Appraisal Process. Perceptions on Fairness and Bias in the Performance Appraisal Process by Staff Category in the Northern Province of Zambia (2024–2025, N = 1,000).

**Table 5**

*Distribution of Healthcare Staff*

Staff Category	Fair (Yes)	Biased (No)	Not Sure	Total	% Fair	% Biased	% Not Sure
Medical Doctors	15	20	15	50	30	40	30
Nurses	50	200	50	300	16.67	66.67	16.67
Clinical Officers	20	50	30	100	20	50	30
Para-Medical Staff	50	100	50	200	25	50	25
Administrative Staff	20	22	8	50	40	44	16
Support Staff	80	120	100	300	26.67	40	33.33

Chi-Square Test of Independence

Chi-Square Statistic: 57.34

Degrees of Freedom: 10

P-Value:  $1.15 \times 10^{-8}$

This result indicates a statistically significant association between staff category and their perception of whether the appraisal process is fair, biased, or uncertain. The p-value is far below the commonly accepted significance level of 0.05 (and even 0.01), indicating that the observed differences in response patterns across staff categories are statistically significant.

Z-Test for Proportion of 'Fair' Responses

Z-Statistic: -19.76

P-Value:  $6.04 \times 10^{-87}$

Total 'Fair' Responses: 235

Total Responses: 1000

Proportion of 'Fair' Responses: 23.5%

This test confirms that the proportion of staff who believe the appraisal process is fair is significantly lower than 50%, highlighting a strong perception of bias among the workforce.

**4.6 Discussion**

**4.6.1 Understanding of Key Performance Indicators**

The results reveal meaningful differences in the understanding of Key Performance Indicators among different categories of health workers. While administrative staff and medical doctors demonstrate relatively high levels of KPI awareness, a majority of nurses, para-medical staff, clinical officers, and support staff show limited understanding. These variations highlight a crucial weakness in performance management processes within the healthcare sector.

These findings are concerning given that these categories represent the majority of frontline service providers. Lack of awareness may hinder effective monitoring of individual and institutional performance and affect accountability and service quality.

According to Armstrong (2020) key performance indicators are important to strategic performance management, enabling organizations to track progress and make decisions based on verified data. Similarly, without a clear understanding of performance indicators, employees cannot align their efforts with institutional priorities, leading to fragmented service delivery.



In the health sector, the World Health Organization (2009) emphasizes that all healthcare workers, regardless of rank, must understand and apply performance metrics to contribute meaningfully to quality improvement initiatives. Furthermore, research by Mutale et al., (2013) in Zambia found that lack of knowledge and meaningful training on performance management tools is a major constraint in strengthening health systems.

The performance appraisal system in Zambia's health sector is designed to assess healthcare workers based on predetermined criteria, including job performance, skills, adherence to operational guidelines, and professional growth and development. This system aims to enhance employee productivity, give feedback for improvement, and enhance career progression. The appraisal process typically involves self-assessments, peer reviews, supervisor evaluations, and patient feedback to ensure a wider evaluation of healthcare personnel.

An effective appraisal system in Zambia's health sector is important for upholding high standards of healthcare service delivery (Selvarajan & Cloninger, 2012). Performance appraisals provide a structured mechanism for assessing healthcare workers based on their skills, competencies, efficiency, and adherence to all professional standards (Daoanis, 2012). This approach ensures that employees meet the required job expectations while continuously improving their competencies. By using reliable assessment criteria, the system upholds fairness and objectivity, reducing biasness in the entire process (Miller & Thornton, 2006).

#### 4.6.2 Understanding of the Appraisal Form in the Health Sector

The findings highlight a critical weakness in the performance appraisal system within Zambia's health sector namely, inadequate staff comprehension of the appraisal form. Effective performance appraisal systems are predicated not only on the tools and structures used but also on how well employees understand, appreciate and engage with them. A workforce that does not understand the appraisal tool used to evaluate its performance is unlikely to benefit from the progressive, motivational, or administrative outcomes such systems are designed to support and provide aligning with Jones, et al. (2005) findings.

As noted by Armstrong (2020) the success of performance appraisal systems is highly dependent on the precision of communication and mutual understanding of the tools used. If employees are not aware of the purpose, structure, or use of appraisal tools, the process becomes a mere administrative exercise rather than a vehicle for growth and accountability. Moreover, poor understanding of appraisal tools has been linked to employee disengagement and scepticism. DeNisi and Pritchard (2006) argue that perceptions of fairness and clarity are key to the acceptance of appraisal systems. When appraisal processes are not understood, employees are more likely to view them as ineffective, which reduces their impact on performance improvement.

The variation in understanding across staff categories also points to structural inequalities in training and orientation. Studies in the health sector in low- and middle-income countries, including Zambia, have shown that support staff and frontline clinical personnel often receive limited exposure to management tools and policies (Mwema & Gachunga, 2014). This marginalization in capacity building may explain the disproportionately low comprehension among nurses, clinical officers, and support staff. Eventually, improving understanding of performance appraisal tools entails deliberate, inclusive training efforts and open, transparent communication. Aligning such interventions by staff category could help bridge notable gaps, enhance confidence in appraisal outcomes, and foster a more performance-driven culture in the health sector (Kamfwa, 2016).

#### 4.6.3 Absence of Incentives and Recognition in Performance Appraisals

The complete absence of incentives following performance appraisals across all categories of staff shows a fundamental breakdown in Zambia's performance management system within the health sector. The lack of recognition undermines one of the fundamental principles of appraisal systems to develop, motivate, and retain competent personnel. Performance appraisals are most effective when they are directly linked to tangible outcomes such as promotions, bonuses, or professional recognition. Without such outcomes, appraisal systems risk becoming routine bureaucratic and academic exercises devoid of motivational value (Farrell, 2013).

All 1,000 respondents in the survey, including medical doctors, nurses, clinical officers, para-medical staff, administrative staff, and support staff, unanimously reported receiving no form of incentive or recognition after their appraisal exercise. This finding was further supported by statistical analysis. A z-test for proportions revealed a z-statistic of -36.98 and a p-value of  $2.52 \times 10^{-299}$ , confirming that the observed proportion of staff receiving rewards (0.0%) is significantly lower than the expected standard of 50% in a functioning merit-based system. The result is statistically robust and points to systemic neglect. This absence of positive reinforcement contradicts findings in motivation theory. Herzberg's Two-Factor Theory, for instance, identifies recognition as a key motivator for improved employee performance. Similarly, research by DeNisi and Pritchard (2006) emphasizes that for appraisal systems to be effective, they must be anchored on positive outcomes. The failure to integrate incentives and recognition into Zambia's appraisal framework represents a critical flaw that likely affects morale, commitment, and ultimately, service delivery. Addressing this gap should be a top priority in public sector HR reform.



#### 4.6.4 Follow-Up Actions after Performance Appraisal Exercises

The findings reveal a critical weakness in Zambia's health sector performance appraisal system namely, the lack of follow-up actions after evaluations. Only 12% of staff reported any post-appraisal engagement, a figure significantly lower than expected in a functioning performance management system. This was confirmed statistically through a chi-square test ( $\chi^2 = 116.02$ ,  $p < 0.0001$ ), which showed that follow-up rates vary significantly by staff category, and a z-test ( $z = -36.98$ ,  $p < 0.0001$ ), confirming the deficiency is statistically significant.

Follow-up actions such as feedback meetings, training, and development plans are important to make appraisals meaningful and developmental (Tuytens & Devos, 2012). Without these, the system risks being perceived as punitive or ceremonial. Similarly, DeNisi and Pritchard (2006) argue that the utility of performance evaluations is reduced when they do not inform subsequent managerial decisions or employee development activities. The absence of follow-up undermines employee engagement, learning, and organizational improvement key goals of any appraisal framework (Roberts, 2003).

#### 4.6.5 Perceived Bias in the Performance Appraisal Process

The perception of bias and subjectivity in performance appraisals poses a serious threat to the reliability of performance management systems in the health sector. When employees believe that appraisals are influenced more by favouritism and personal judgments than by objective performance criteria, it undermines both the fairness and effectiveness of the entire process. Armstrong (2020) emphasizes that for performance management systems to succeed, they must be seen as equitable, consistent, and transparent. Without these important attributes, appraisal systems fail to motivate employees, reduce engagement, and often lead to resentment or resistance.

In healthcare settings, where teamwork, trust, and morale are critical, biased and ineffective appraisal systems can have especially have adverse effects. DeNisi and Pritchard (2006) argue that employee perceptions of injustice in performance evaluations significantly reduce their motivation and commitment to organizational goals. Kuvaas (2011) further highlights that perceived fairness in performance evaluations is strongly correlated with positive employee outcomes, such as higher job satisfaction, stronger organizational commitment, and better overall performance.

The common perception of bias in Zambia's health sector is rooted in how inconsistently the appraisal system is implemented. Many performance evaluations lack clear and standardized criteria, and supervisors are often not adequately trained to carry out fair and objective assessments. As a result, employees feel judged according to personal preferences or vague expectations, leading to experiences of unfair treatment. Cardy and Leonard (2014) argue that structured training for evaluators and the use of specific, measurable performance indicators is crucial in reducing subjectivity. When such systems are in place, they provide a reliable framework that helps ensure evaluations are consistent across different departments and roles. In contrast, without this structure, evaluators may apply varying standards from one case to another. Buckner (2023) warns that such inconsistencies can undermine confidence in the system, leaving workers feeling overlooked or treated unfairly, which ultimately weakens morale and trust in leadership.

#### 4.6.6 Theoretical Contribution and Novelty

This research makes significant theoretical contributions by advancing understanding of performance appraisal effectiveness within the African health sector context, an area that has received limited scholarly attention. It integrates organizational behaviour and human resource management theories to show how fairness, transparency, and incentives mediate employee motivation and service delivery outcomes. By applying Herzberg's Two-Factor Theory and concepts of organizational justice, the study shows how perceptions of bias, lack of training, and poor feedback mechanisms weaken trust in appraisal systems, ultimately affecting employee productivity.

What sets this research apart is its use of an extensive dataset involving 1,000 healthcare workers from Zambia's Northern Province. By applying rigorous statistical methods which include Chi-square and Z-tests, it offers strong empirical evidence pointing to deep-rooted challenges within the appraisal system. Unlike many earlier studies that focused broadly on workforce issues, this research draws a direct connection between how performance appraisals are conducted and the resulting service delivery shortcomings, especially in under-resourced settings. This connection is rarely explored in such depth, making the study valuable not only to academic audiences but also to policymakers aiming to improve healthcare outcomes. The findings bring insight into how overlooked appraisal practices can quietly erode efficiency, staff confidence, and retention which are critical factors to delivering quality healthcare. In doing so, the study contributes new knowledge to the field while also providing practical direction for reforming appraisal systems in similar low-resource environments.

#### 4.6.7 Strengths and Limitations of the Study

A key strength of this study lies in its use of a large sample size, which enhances the reliability and robustness of the findings, as well as the application of well-established theories grounded in employee motivation and productivity. These theoretical foundations strengthen the study's analytical depth and interpretive validity. However, the study is not without limitations. Its focus on a single province may limit the extent to which the findings can be generalized to the



national and regional context. In addition, restricted access to some remote rural health facilities may have constrained participation from certain staff categories.

## V. CONCLUSION & RECOMMENDATION

### 5.1 Conclusion

Performance appraisal systems play a very important role in reviewing and enhancing employee performance within Zambia's health sector. However, findings from this study reveal notable deficiencies in Northern Province. Across all staff categories, many employees perceive the appraisal process as biased and lack objectivity, which has contributed to a loss of trust and reduced motivation. A significant concern is the lack of training. None of the staff surveyed reported having received formal guidance on how appraisals should be conducted, severely undermining the process's credibility and fairness. Apart from that, appraisal results are rarely used to inform important human resource decisions such as promotions, training opportunities, or recognition of outstanding performance. This practice makes the process largely ineffective in achieving its intended purpose. Compounding the issue is the complete absence of incentive mechanisms to reward high-performing staff. The lack of motivation and performance-based rewards has weakened the culture of accountability and improvement, posing a serious threat to service delivery and workforce morale.

### 5.2 Recommendations

To improve the effectiveness of performance appraisal systems, organizations including public service should adopt a comprehensive approach that combines fairness, training, structured feedback, and meaningful recognition. Transparent evaluation criteria must be understood to foster trust in the system and promote accountability. Eliminating perceptions of bias through clear standards helps create a more equitable and effective environment. Additionally, regular follow-up is very important. It allows for constructive feedback on employee strengths and areas needing improvement, while also guiding decisions on training and development. Investing in training for both supervisors and staff is equally important. Supervisors need the appraisal skills to conduct objective, respectful evaluations, and employees should be equipped to participate confidently and meaningfully in the process. Moreover, recognizing outstanding performance through promotions, bonuses, or even public appreciation reinforces a positive culture and motivates staff to excel. When these components are consistently applied, performance appraisal systems gain credibility, boost morale, increase productivity, and ultimately lead to better healthcare service delivery.

### Declaration of Interest

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